



CITY OF PLYMOUTH



ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the Year 1962





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HEALTH AND WELFARE SERVICES COMMITTEE

Chairman: Alderman P. N. Washbourn.

Vice-Chairman: Councillor Mrs. D. M. Fleury.

Alderman E. Broad.

Councillors F. Bartlett, Mrs. D. E. Drake, Mrs. M. Jago, F. W. Johnson, G. H. Miles, Mrs. L. Newbery, Mrs. A. K. Osborne, Mrs. H. M. Ward, W. J. Wilks.

Two members from the Local Medical Committee:

Dr. O. L. Lander and Dr. J. Nixon Morris.

AMBULANCE AND MENTAL HEALTH SUB-COMMITTEE

Chairman: Alderman P. N. Washbourn.

Councillors Mrs. D. E. Drake, Mrs. D. M. Fleury, Mrs. A. K. Osborne, Mrs. H. M. Ward.

Dr. O. L. Lander.

EDUCATION COMMITTEE

Chairman: Alderman L. F. Paul.

Vice-Chairman: Alderman Miss E. K. Pryor.

Aldermen N. W. Lamb, T. H. L. Stanbury, F. J. Stott.

Councillors W. T. Ainsworth, F. Chapman, R. C. Curry, P. Fletcher,
Mrs. D. M. Fleury, T. H. Franklin, O. S. Goodman, L. Hill,
Mrs. M. Jago, C. F. Jones, R. G. King, R. V. Morrell, Mrs. M. A.
Motley, Mrs. G. M. Tucker, Mrs. H. M. Ward.

Ten Members not of the Council:

Rev. P. L. Camp, Mrs. D. Childs, Mrs. F. C. Clements, Mrs. I.
Flett, Mr. E. A. Hosking, Monsignor M. P. O'Neill, Mr. H. J.
Perry, Mr. E. G. Roberts, Rev. A. Skelding, Miss K. M.
Willcocks.

SPECIAL SERVICES SUB-COMMITTEE

(EDUCATION COMMITTEE)

Chairman: Councillor F. Chapman.

Vice-Chairman: Alderman Miss E. K. Pryor.

Councillors W. T. Ainsworth, R. C. Curry, P. Fletcher, Mrs. D. M.
Fleury, Mrs. M. Jago, Mrs. G. M. Tucker.

Mrs. F. C. Clements, Mrs. I. Flett, Mr. E. A. Hosking, Mr. H. J.
Perry, Mr. E. G. Roberts, Rev. A. Skelding, Miss K. M.
Willcocks.

HEALTH OFFICERS OF THE AUTHORITY

Medical

Medical Officer of Health; Port Medical Officer;

Principal School Medical Officer:

T. PEIRSON, M.D., M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health;

Deputy Port Medical Officer:

G. B. CARTER, M.B.E., M.D., D.P.H.

Senior School Medical Officer:

T. H. HARRISON, M.B., CH.B., D.P.H.

Senior Maternity and Child Welfare Medical Officer:

T. R. W. FORREST, M.R.C.S., L.R.C.P.

Senior Mental Health Medical Officer:

N. R. MATHESON, M.B., CH.B., C.P.H.

Assistant School Medical Officer:

L. N. TRETHOWAN, M.R.C.S., L.R.C.P.

Assistant Medical Officer of Health—Port and General:

H. B. BOUCHER, M.B., F.R.C.S., D.T.M. AND H. (Retired 2.11.62).

Assistant Maternity and Child Welfare and School Medical Officers:

ENID ATKINS, M.B., CH.B., D.C.H.

DESIREE M. HOWELLS, M.R.C.S., L.R.C.P., D.P.H.

(Resigned 31.12.62).

T. A. LLOYD-JAMES, M.B., B.S.(LOND.), M.R.C.S., L.R.C.P.

Senior Chest Physician

(in conjunction with the Regional Hospital Board):

J. J. Y. DAWSON, M.C., M.D., M.R.C.P., M.R.C.S.

(Seconded to World Health Organisation March, 1961.)

A. SHEERS, M.D., M.A., M.B., B.CHIR., M.R.C.S., L.R.C.P.

(Commenced April, 1961 – temporary.)

Medical—continued

Chest Physician

(in conjunction with the Regional Hospital Board):

E. ASHMAN, M.R.C.S., L.R.C.P.

Dental

Senior Dental Officer:

R. M. MAYNARD, L.D.S.

Dental Surgeons—School Health and Mothers and Young Children:

J. F. GRAY, L.D.S.

M. S. WIDDUP, L.D.S.

W. G. HUNTLEY, L.D.S., R.C.S.(ENG.) (Resigned 31.7.62).

G. C. ARMITAGE, L.D.S., R.C.S.(ENG.) (Commenced 26.11.62).

Other Staff

Chief Public Health Inspector:

W. G. LOCK, M.A.P.H.I.*†‡

Port Health Inspector:

A. S. KITT*†

Senior Welfare Services Officer:

H. J. PATERNOSTER, F.I.S.W.

Superintendent Health Visitor:

MISS M. HORNBY, S.R.N., S.C.M., H.V. CERT.

Non-Medical Supervisor of Midwives and

Superintendent of Midwifery:

MRS. S. K. C. CHATFIELD, R.F.N., S.R.N., S.C.M., M.T.D.

Superintendent of District Nurses' Home:

MISS D. M. WILLIAMS, S.R.N., S.C.M., M.T.D., H.V. CERT.

Chief Clerk:

C. L. MARSH.

Ambulance Officer:

R. D. SAMPSON, S.B.ST.J.

Moral Welfare Officer:

MISS B. FEATHERSTON

Home Help Organiser:

MRS. P. NODDER

* Public Health Inspector's Certificate.

† Meat Inspector's Certificate.

‡ Sanitary Science Certificate.

TO THE LORD MAYOR, ALDERMEN AND COUNCILLORS OF THE CITY OF PLYMOUTH

I have the honour to present to you my Annual Report on the health of the city for the year 1962.

DEVELOPMENT OF LOCAL AUTHORITY HEALTH AND WELFARE SERVICES

During the year local authorities were required to review their health and welfare services and to prepare a plan for developing them over the next ten years. In making this review it was necessary to take into account the plans for the development of related services such as the hospitals, and the local authorities will be expected to consider annually and, if necessary, revise their ten-year plan of development.

This provided an excellent opportunity for a detailed examination of the health and welfare services and for thought as to future needs of these community services.

INFECTIOUS DISEASES

The incidence of infectious diseases generally throughout the year was low with the exception of dysentery and measles. The department has recently been co-operating with the Public Health Laboratory Service and general practitioners in an enquiry into the nature and severity of complications following measles, the purpose being to consider whether any form of prophylactic immunisation against measles is advisable. In due course a report on the findings will be made.

The incidence of dysentery – chiefly Sonne – was particularly high amongst school children. No cases of diphtheria have been notified during the last two years and in 1962 only one case of poliomyelitis, namely a two-year old child who had not received immunisation.

MENTAL HEALTH CENTRE

The Nuffield Mental Health Centre commenced to operate in February 1963 and was officially opened by the Minister of Health on the 26th April. From this centre is provided a joint service by the Council's mental welfare staff and the Mental Hospital

staff. The Centre was built in "Seven Trees" grounds in close association with a new maternity and child welfare and school health clinic.

ADMINISTRATIVE OFFICES

With the opening of the new municipal building at the city centre in July, 1962, the various sections of the Medical Officer of Health's department are situated under one roof for the first time. There can be no doubt as to the greater ease of co-ordination of the work of the department and of course the opportunity for quicker consultation with other corporation departments in the building.

It is with pleasure that I record the loyal work of all my staff.

I am, my Lord Mayor, Ladies and Gentlemen,

Your obedient servant,

T. PEIRSON

HEALTH AND WELFARE DEPARTMENT,
THE MUNICIPAL OFFICES,
PLYMOUTH

(Tel: Plymouth 68000)

June, 1962

Statistics and Social Conditions of the Area, 1962

Area in acres (Land and Inland Water)	13,115
Rateable value of the City	£3,612,654
Sum represented by the penny rate (estimated) ...	£14,928
Registrar-General's estimate of the home population ...	209,900
Number of marriages in the City during 1962	1,624
Marriage Rate per 1,000 of estimated home population	7.74
Number of unemployed persons in the City Area as at December, 1962:	

	<i>Age</i>				<i>Total</i>
Men ...	18 and over	...	...	...	1,701
Boys ...	15 to 17	...	...	...	124
Women ...	18 and over	...	...	...	615
Girls ...	15 to 17	...	...	...	80
TOTAL					2,520

	<i>M.</i>	<i>F.</i>	<i>Total</i>	
<i>All Deaths:</i>	1,282	1,277	2,559	Death rate per 1,000 of estimated home population – 12.19
<i>Comparability factors:</i>				
	Births ...	1.01		
	Deaths ...	1.08		

STATISTICS RELATING TO MOTHERS AND INFANTS, 1962

<i>Live Births:</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>	
Legitimate ...	1,786	1,698	3,484	Birth rate per 1,000 of the estimated home population
Illegitimate ...	156	117	273	
	1,942	1,815	3,757	17.90
<i>Stillbirths:</i>				
Legitimate ...	32	25	57	Stillbirth rate per 1,000 total (live and still) births
Illegitimate ...	6	3	9	
	38	28	66	17.26

Total live and still births: 3,823

Infant Deaths (under 1 year):

	<i>M.</i>	<i>F.</i>	<i>Total</i>	
Legitimate ...	40	31	71	
Illegitimate ...	3	5	8	
	—	—	—	
	43	36	79	
	—	—	—	
Infant mortality per 1,000 live births -- total ...				21.03
„ „ „ legitimate ...				20.38
„ „ „ illegitimate ...				29.30
Neonatal mortality rate (deaths under 4 weeks per 1,000 total live births) ...				15.70
Early Neonatal mortality rate (deaths under 1 week per 1,000 total live births) ...				13.57
Perinatal mortality rate (stillbirths and deaths under 1 week combined, per 1,000 total live and stillbirths)				30.60
Maternal deaths (including abortion) ...				Nil
Maternal mortality rate per 1,000 live and stillbirths ...				—
Illegitimate live births per cent of total live births ...				7.27%

Cremation The Medical Officer of Health, in his capacity as Medical Referee of the City's Crematorium, dealt with 1,848 applications for cremation during the year as compared with 1,795 in the previous year. It was necessary in five cases to require a post-mortem examination before authorising cremation.

Medical Examinations of Council Employees During the year 930 employees or prospective employees were examined. 855 of these examinations were to assess fitness for occupation and suitability for entry to the Council's Superannuation and Sick Pay Schemes.

Of these:

- (a) 679 (80%) were found free from any defect likely to affect their service and were reported to the employing department as fit for employment and entry to the schemes.
- (b) 1 was found unfit for Corporation employment.

- (c) 29 (3.5%) were found to possess defects likely to curtail materially their working life or lead to undue absence owing to sickness. They were reported as being reasonably fit for their proposed employment but not for entry to the Superannuation or Sick Pay Schemes.
- (d) 146 (17%) were found to have defects probably of a temporary or remediable nature. Though unfit for entry to the schemes at the time of examination it is probable that most of this group would be able to enter the schemes on re-examination after suitable treatment or a period of observation.

RETIREMENT ON MEDICAL GROUNDS

Thirty persons in Corporation employment were recommended for retirement on medical grounds before the normal retiring ages. Four of these were officers. The average age of those retiring was 55 years and the average length of service 23 years 9 months.

MISCELLANEOUS EXAMINATIONS

Eighty-seven other examinations were carried out, including twenty-three on employees who had been away from duty for prolonged periods.

Chest X-ray examinations were made on employees of Health and Children Departments and on prospective employees of other departments when clinically indicated.

Cancer

I am indebted to Mrs. Longstaffe, the records Officer at the Regional Cancer Records Bureau, for information concerning the incidence of Cancer amongst Plymouths residents in 1961.

		<i>Under 20</i>	20-29	30-39	40-49	50-59	60-69	70 +	<i>Total</i>
<i>140-148</i> Buccal Cavity and Pharynx	M	—	—	—	1	1	4	5	11
	F	—	2	—	—	—	3	—	5
<i>150-159</i> Digestive Organs and Peritoneum	M	—	—	—	4	20	31	39	94
	F	—	—	3	1	11	25	34	74
<i>160-165</i> Respiratory System	M	—	1	1	9	19	37	23	90
	F	—	—	1	1	1	5	3	11
<i>170</i> Breast	M	—	—	—	—	—	1	—	1
	F	—	—	1	9	17	19	26	72
<i>171-181</i> Genito-urinary Organs	M	1	1	—	1	5	18	26	52
	F	—	1	4	6	14	23	15	63
<i>190-191</i> Skin	M	1	—	1	5	12	13	16	48
	F	—	—	1	3	10	4	16	34
<i>192-199</i> Other and unspecified sites	M	—	1	1	2	2	3	3	12
	F	2	—	—	4	3	4	2	15
<i>200-205</i> Lymphatic and Hæmatopoietic tissues	M	1	1	1	2	4	2	2	13
	F	1	—	—	—	—	3	1	5
TOTAL ...		6	7	14	48	119	195	211	600

VITAL STATISTICS—1914-1962

YEAR.	STILLBIRTHS.		INFANT MORTALITY		NEO-MORTALITY.		MATERNAL MORTALITY.					
	No.	Rate per 1,000 Live and Still Births.	No. of Deaths under 1 year.	Rate per 1,000 Live Births.	No. of Deaths under 4 weeks.	Rate per 1,000 Live Births.	SEPSIS.		OTHERS.		TOTAL.	
							No. of Deaths.	Rate per 1,000 Live and Still Births.	No. of Deaths.	Rate per 1,000 Live and Still Births.	No. of Deaths.	Rate per 1,000 Live and Still Births.
1914	51	10.02	553	109.7	215	42.68	5	.98	22	4.32	27	5.30
1915	29	6.80	505	119.3	145	34.26	6	1.41	17	3.98	23	5.39
1916	64	14.51	394	90.6	140	32.20	4	.90	20	4.53	24	5.43
1917	59	17.57	376	96.95	137	35.33	2	1.50	15	3.81	17	4.31
1918	133	33.24	373	96.63	132	34.20	5	1.25	14	3.50	19	4.75
Average	67	16.43	444	102.63	154	35.73	4	1.21	17	4.03	22	5.03
1919	143	33.70	352	85.85	135	32.93	5	1.18	18	4.24	23	5.42
1920	153	27.61	403	74.78	182	33.78	4	.73	22	3.96	26	4.69
1921	?	?	347	77.52	153	34.18	3	.67	12	2.68	15	3.35
1922	134	31.22	309	74.31	153	36.81	4	.93	17	3.96	21	4.89
1923	129	30.33	209	50.67	102	24.74	5	1.17	12	2.82	17	3.99
Average	139	30.71	324	72.62	145	32.49	4	.94	16	3.53	20	4.47
1924	125	32.23	306	81.53	128	34.11	6	1.54	19	4.90	25	6.44
1925	?	?	243	63.0	117	30.54	3	.78	15	3.91	18	4.69
1926	?	?	262	71.9	106	29.12	3	.83	8	2.19	11	3.02
1927	?	?	214	61.0	112	31.99	11	3.15	16	4.56	27	7.71
1928	149	39.64	250	69.2	121	33.53	5	1.38	17	4.71	22	6.09
Average	137	35.93	255	69.32	117	31.85	5	1.53	15	4.05	20	5.59
1929	147	40.03	210	59.5	111	31.49	6	1.76	11	2.86	17	4.62
1930	179	49.73	208	60.0	93	27.19	8	2.22	18	5.00	26	7.22
1931	128	36.00	229	66.8	102	29.77	1	.29	8	2.33	9	2.62
1932	153	44.94	190	58.44	97	29.84	8	2.35	12	3.52	20	5.87
1933	126	37.53	188	58.16	107	33.11	7	2.08	13	3.87	20	5.95
Average	147	41.64	205	60.58	102	30.28	6	1.74	12	3.52	18	5.26
1934	118	35.5	172	53.69	91	28.41	6	1.81	8	2.40	14	4.21
1935	124	38.8	183	59.70	103	33.60	9	2.82	7	2.19	16	5.01
1936	120	37.7	171	55.86	77	25.16	5	1.57	4	1.26	9	2.83
1937	118	36.9	141	45.88	66	21.48	7	2.19	10	3.13	17	5.32
1938	140	40.6	176	53.25	87	26.32	2	0.58	5	1.45	7	2.03
Average	124	37.9	168	53.68	85	26.99	6	1.79	7	2.08	12	3.88
1939	127	35.5	145	42.04	82	23.79	2	0.55	9	2.51	11	3.06
1940	117	34.2	197	59.69	95	28.83	7	2.04	4	1.17	11	3.21
1941	82	32.3	178	77.49	75	30.57	2	0.84	4	1.68	6	2.52
1942	87	29.9	146	51.82	85	30.17	2	0.69	8	2.75	10	3.44
1943	103	31.7	118	37.53	57	18.13	5	1.54	7	2.15	12	3.69
Average	103	32.7	157	53.71	79	26.29	4	1.13	6	2.05	10	3.18
1944	99	27.6	139	39.98	80	23.01	3	0.84	4	1.12	7	1.96
1945	111	28.2	214	55.96	112	29.28	3	0.76	14	3.56	17	4.32
1946	101	23.09	197	46.11	113	26.45	1	0.22	5	1.14	6	1.36
1947	97	21.14	224	49.88	127	28.28	—	—	3	0.65	3	0.65
1948	82	19.91	120	29.73	80	19.82	1	0.24	1	0.24	2	0.48
Average	98	23.99	179	44.33	102	25.37	2	0.41	5	1.34	7	1.75
1949	98	25.34	129	34.23	75	19.89	—	—	5	1.29	5	1.29
1950	68	18.88	104	29.43	67	18.96	1	0.27	3	0.83	4	1.10
1951	89	23.98	121	33.41	77	21.26	—	—	2	0.54	2	0.54
1952	81	22.70	103	29.53	73	20.94	—	—	3	0.84	3	0.84
1953	75	20.17	98	26.90	62	17.02	1	0.27	5	1.34	6	1.61
Average	82	22.21	111	30.70	71	19.61	.4	0.11	3	0.97	4	1.08
1954	90	24.52	101	28.21	71	19.83	—	—	4	1.09	4	1.09
1955	73	20.22	73	20.65	52	14.71	—	—	3	0.83	3	0.83
1956	86	23.80	62	17.58	46	13.05	—	—	1	0.27	1	0.27
1957	69	18.73	81	22.41	59	16.32	—	—	1	0.27	1	0.27
1958	73	19.60	74	20.26	49	13.42	—	—	2	0.54	2	0.54
Average	78	21.37	78	21.82	55	15.47	—	—	2	0.60	2	0.60
1959	80	21.42	79	21.61	58	15.86	—	—	3	0.80	3	0.80
1960	67	17.86	85	23.08	64	17.38	—	—	—	—	—	—
1961	46	12.26	75	20.24	56	15.11	—	—	—	—	—	—
1962	66	17.26	79	21.03	59	15.70	—	—	—	—	—	—

DEATHS UNDER FIVE YEARS OF AGE—BY CAUSES AND AGE GROUPS
(CLASSIFIED LOCALLY UNDER THE INTERNATIONAL STATISTICAL CLASSIFICATION OF CAUSES OF DEATH)
FOR THE 52 WEEKS ENDED 26TH DECEMBER, 1962

Cause of Death	Under 1 day		1 day		2 days		3 days		4 days		5 days		6 days		7-13 days		14-20 days		21-28 days		Total under 1 month		1-2 months		2 months		3 months		4 months		5 months		6 months		7 months		8 months		9 months		10 months		11 months		Total under 1 year		1-4 years		Total under 5 years	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.						
A 20 Septicaemia and Pyaemia ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-		
A 34 Infectious Hepatitis ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-			
A 57 Malignant neoplasm of all other and unspecified sites ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-			
A 71 Nonmeningococcal meningitis ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-				
A 73 Epilepsy ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-				
A 90 Bronchopneumonia ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	3	1	1	1	-	1	-	2	-	-	1	-	-	-	-	-	-	-	-	5	7	-	1	5	8			
A 93 Bronchitis, chronic and unqualified	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	
A 104 Gastro-enteritis and colitis, except diarrhoea of the newborn ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	1	1		
A 107 Other diseases of digestive system	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-			
A 114 Other diseases of genito-urinary system ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-			
A 126 All other diseases of skin and musculoskeletal system ...	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-			
A 127 Spina bifida and meningocele ...	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	1	1		
A 128 Congenital malformations of circulatory system ...	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	2	-	-	-	1	3	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	2	5				
A 129 All other congenital malformations	-	1	1	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	4	-	1	2	5		
A 130 Birth injuries ...	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	-	-	2	2		
A 131 Postnatal asphyxia and atelectasis	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	-	1	2		
A 132 Infections of the newborn ...	-	-	-	-	1	-	1	1	-	-	-	-	-	-	2	-	-	-	1	-	5	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5	1	-	-	5	1		
A 133 Haemolytic disease of newborn ...	1	3	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	3	-	-	2	3		
A 135 Ill-defined diseases peculiar to early infancy, and immaturity unqualified ...	7	11	3	-	6	-	3	-	-	-	-	-	-	-	-	-	-	1	-	20	11	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	20	11	-	-	20	11		
AE138 Motor vehicle accidents ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-			
AE147 All other accidental causes ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	
AN150 All other and unspecified effects of external causes ...	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2		
TOTALS ...	9	20	5	-	8	-	4	1	1	1	1	-	1	1	2	2	-	-	3	-	34	25	2	4	4	1	1	1	-	1	-	2	-	-	1	1	-	-	-	-	1	1	-	43	36	4	4	47	40	

DEATHS BY AGE GROUPS AND CAUSES—1962

AS CLASSIFIED BY THE REGISTRAR GENERAL

CAUSE OF DEATH	0-1		1-4		Total under 5 yrs.		5-14		15-24		25-44		45-64		65-74		75 and upwards		Total all ages		Grand Total
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1. Tuberculosis, respiratory ...	-	-	-	-	-	-	-	-	-	-	-	1	5	1	5	1	1	1	11	4	15
2. Tuberculosis, other ...	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	1
3. Syphilitic disease ...	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	2	-	2
4. Diphtheria ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Whooping-cough ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. Meningococcal infections ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. Acute Poliomyelitis ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. Measles ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Other infective and parasitic diseases ...	1	-	1	-	2	-	-	-	-	1	-	-	-	1	-	-	-	1	2	3	5
10. Malignant neoplasm, stomach ...	-	-	-	-	-	-	-	-	-	-	-	-	13	6	11	11	11	17	35	34	69
11. Malignant neoplasm, lung and bronchus ...	-	-	-	-	-	-	-	-	-	-	3	-	38	2	25	5	13	2	79	9	88
12. Malignant neoplasm, breast ...	-	-	-	-	-	-	-	-	-	-	-	5	-	14	-	10	-	8	-	37	37
13. Malignant neoplasm, uterus ...	-	-	-	-	-	-	-	-	-	-	-	2	-	15	-	3	-	5	-	25	25
14. Other malignant and lymphatic neoplasms ...	-	-	1	-	1	-	-	-	-	-	6	8	34	35	43	33	32	39	116	115	231
15. Leukaemia and aleukaemia ...	-	-	-	-	-	-	-	-	-	-	-	-	5	1	-	2	1	2	6	5	11
16. Diabetes ...	-	-	-	-	-	-	-	-	-	-	-	2	2	3	-	7	-	5	2	17	19
17. Vascular lesions of nervous system	-	-	-	-	-	-	-	-	-	-	2	2	30	31	40	65	71	145	143	243	386
18. Coronary disease, angina ...	-	-	-	-	-	-	-	-	-	-	8	-	114	31	101	69	85	80	308	180	488
19. Hypertension with heart disease...	-	-	-	-	-	-	-	-	-	-	-	-	6	2	6	9	8	13	20	24	44
20. Other heart disease ...	-	-	-	-	-	-	-	-	-	1	1	2	19	18	18	32	89	142	127	195	322
21. Other circulatory disease ...	-	-	-	-	-	-	-	-	-	-	-	-	15	5	16	17	23	40	54	62	116
22. Influenza ...	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	3	1	4	5
23. Pneumonia ...	8	9	-	1	8	10	1	-	-	1	-	2	15	4	23	9	39	66	86	92	178
24. Bronchitis ...	-	-	-	-	-	-	-	-	-	-	1	-	39	4	25	4	33	25	98	33	131
25. Other diseases of respiratory system	1	-	-	-	1	-	-	-	-	-	-	-	4	4	3	-	2	3	10	7	17
26. Ulcer of stomach and duodenum...	-	-	-	-	-	-	-	-	-	-	-	-	4	2	4	2	7	1	15	5	20
27. Gastritis, enteritis and diarrhoea...	1	1	-	-	1	1	-	1	-	-	-	1	2	3	-	4	2	-	5	10	15
28. Nephritis and nephrosis ...	-	-	-	-	-	-	-	-	1	-	2	-	2	2	3	5	3	2	11	9	20
29. Hyperplasia of prostate ...	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	-	12	-	15	-	15
30. Pregnancy, childbirth, abortion...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
31. Congenital malformations ...	5	7	-	1	5	8	-	-	1	-	1	-	1	3	-	-	-	-	8	11	19
32. Other defined and ill-defined diseases	26	18	1	2	27	20	-	-	1	2	1	3	16	21	11	19	20	59	76	124	200
33. Motor vehicle accidents ...	-	-	1	-	1	-	1	1	8	1	2	1	1	1	2	-	2	1	17	5	22
34. All other accidents ...	1	1	-	-	1	1	2	2	4	-	2	-	7	2	4	1	2	8	22	14	36
35. Suicide ...	-	-	-	-	-	-	1	-	-	-	3	1	3	5	2	3	3	1	12	10	22
36. Homicide and operations of war...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL ALL CAUSES ...	43	36	4	4	47	40	5	4	16	6	32	30	378	217	344	311	460	669	1282	1277	2559

DEATHS REGISTERED DURING THE 52 WEEKS ENDED 26TH DECEMBER, 1962

INTERNATIONAL STATISTICAL CLASSIFICATION OF CAUSES OF DEATH—(W.H.O. 1948)

Cause of Death			0-4 years		5-14 years		15-24 years		25-44 years		45-64 years		65-74 years		75 years and over		Total		Grand Total	Deaths in Institutions
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
A 1	Tuberculosis of respiratory system ...																			
A 5	Tuberculosis, all other forms ...																			
A 10	All other syphilis ...																			
A 20	Septicaemia and pyaemia ...																			
A 34	Infectious hepatitis ...																			
A 44	Malignant neoplasm of buccal cavity and pharynx ...																			
A 45	Malignant neoplasm of oesophagus ...																			
A 46	Malignant neoplasm of stomach ...																			
A 47	Malignant neoplasm of intestine, except rectum ...																			
A 48	Malignant neoplasm of rectum ...																			
A 49	Malignant neoplasm of larynx ...																			
A 50	Malignant neoplasm of trachea, and of bronchus, and lung, not specified as secondary ...																			
A 51	Malignant neoplasm of breast ...																			
A 52	Malignant neoplasm of cervix uteri ...																			
A 53	Malignant neoplasm of other and unspecified parts of uterus ...																			
A 54	Malignant neoplasm of prostate ...																			
A 55	Malignant neoplasm of skin ...																			
A 57	Malignant neoplasm of all other and unspecified sites ...																			
A 58	Leukaemia and aleukaemia ...																			
A 59	Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system ...																			
A 60	Benign neoplasms and neoplasms of unspecified nature ...																			
A 62	Thyrototoxicosis with or without goitre ...																			
A 63	Diabetes mellitus ...																			
A 64	Avitaminosis and other deficiency states ...																			
A 65	Anaemias ...																			
A 66	Allergic disorders; all other endocrine, metabolic and blood diseases ...																			
A 67	Psychoses ...																			
A 70	Vascular lesions affecting the central nervous system ...																			
A 71	Nonmeningococcal meningitis ...																			
A 72	Multiple sclerosis ...																			
A 73	Epilepsy ...																			
A 78	All other diseases of the nervous system and sense organs ...																			
A 80	Chronic rheumatic heart disease ...																			
A 81	Arteriosclerotic and degenerative heart disease ...																			
A 82	Other diseases of heart ...																			
A 83	Hypertension with heart disease ...																			
A 84	Hypertension without mention of heart disease ...																			
A 85	Diseases of arteries ...																			
A 86	Other diseases of circulatory system ...																			
A 87	Acute upper respiratory infections ...																			
A 88	Influenza ...																			
A 89	Lobar pneumonia ...																			
A 90	Bronchopneumonia ...																			
A 91	Primary atypical, other and unspecified pneumonia ...																			
A 92	Acute bronchitis ...																			
A 93	Bronchitis, chronic and unqualified ...																			
A 95	Empyema and abscess of lung ...																			
A 96	Pleurisy ...																			
A 97	All other respiratory diseases ...																			
A 99	Ulcer of stomach ...																			
A 100	Ulcer of duodenum ...																			
A 102	Appendicitis ...																			
A 103	Intestinal obstruction and hernia ...																			
A 104	Gastro-enteritis and colitis, except diarrhoea of the newborn ...																			
A 105	Cirrhosis of liver ...																			
A 106	Cholelithiasis and cholecystitis ...																			
A 107	Other diseases of digestive system ...																			
A 108	Acute nephritis ...																			
A 109	Chronic, other and unspecified nephritis ...																			
A 110	Infections of kidney ...																			
A 111	Calculi of urinary system ...																			
A 112	Hyperplasia of prostate ...																			
A 114	Other diseases of genito-urinary system ...																			
A 122	Arthritis and spondylitis ...																			
A 126	All other diseases of skin and musculoskeletal system ...																			
A 127	Spina bifida and meningocele ...																			
A 128	Congenital malformations of circulatory system ...																			
A 129	All other congenital malformations ...																			
A 130	Birth injuries ...																			
A 131	Post-natal asphyxia and atelectasis ...																			
A 132	Infections of the newborn ...																			
A 133	Haemolytic disease of newborn ...																			
A 135	Ill-defined diseases peculiar to early infancy and immaturity unqualified ...																			
A 136	Senility without mention of psychosis ...																			
A 137	Ill-defined and unknown causes of morbidity and mortality ...																			
AE138	Motor vehicle accidents ...																			
AE139	Other transport accidents ...																			
AE140	Accidental poisoning ...																			
AE141	Accidental falls ...																			
AE142	Accident caused by machinery ...																			
AE143	Accident caused by fire and explosion of combustible material ...																			
AE146	Accidental drowning and submersion ...																			
AE147	All other accidental causes ...																			
AE148	Suicide and self-inflicted injury ...																			
AN138	Fracture of skull ...																			
AN150	All other and unspecified effects of external causes ...																			
TOTALS			47	40	4	3	16	6	31	30	374	213	337	300	454	647	1263	1239	2502	1021

CLIMATOLOGICAL OBSERVATIONS

Taken at The Hoe, Plymouth, during the year 1962

	1962	1961	<i>Records and Averages</i>
TEMPERATURES:			
Maximum	78.7 (25th July)	78.6 (2nd Sept.)	87.0 [†] (16/8/47) (12/7/23)
Minimum	22.9 (26th Dec.)	29.8 (20th March)	16.0 [†] (29/1/47) (1/2/47)
Mean	50.2	52.4	51.5***
Daily Range	10.7	11.1	10.7***
Relative Humidity ...	86%	85%	81%***
EARTH TEMPERATURES:			
Earth 1 ft. deep ...	51.3	53.5	52.3*
Earth 4 ft. deep ...	52.2	53.6	52.8**
Minimum on Grass ...	16.1 (1st Jan. 26th Dec.)	16.5 (28th Dec.)	5.0 [†] (2/2/56)
SEA TEMPERATURE:			
Mean 6 ft. deep ...	52.5	54.9	53.3*
RAINFALL:			
Total during year ...	35.51"	38.89"	37.62"***
Greatest fall in one day	1.26" (30th Dec.)	1.72" (10th Aug.)	2.55" [†] (15/8/52)
Number of Rain Days	174	175	190***
SUNSHINE:			
Total number of Hours	1708.4	1687.2	1684.6***
Greatest daily Amount	14.8 (8th June)	14.8 (19th June)	15.3 [†] (3/6/06) (5/6/57)
Number of Sunless days	76	74	63***
WIND:			
prevailing direction	S.W.	S.W.	S.W.***
Highest gust, m.p.h. ...	77 (29th Sept.)	65 (5th Dec.)	96 [†] (8/3/28)

† Denotes an Absolute Record.

* Denotes a 55 Year Average.

** Denotes a 37 Year Average.

*** Denotes a 60 Year Average.

SOME FEATURES OF THE WEATHER DURING 1962

Sunshine The amount of sunshine recorded for the whole year was slightly above the sixty years' average, whilst amounts for June, October and December were well above. May, July and August were disappointingly much below average with rather unsettled conditions.

Rainfall The rainfall figures for the year at 35.51 inches was around the sixty years' average. The wettest months of the year were January, March, May and December with 5.18 inches, 4.07 inches, 5.47 inches and 4.34 inches respectively, but no local flooding was experienced. The heaviest daily fall was 1.26 inches in the form of snow on 30th December, and falls of 1.08 inches and 1.25 inches were measured in March and September respectively. The total number of rain days for the year was 174 compared with the sixty years' average of 190.

Temperatures The mean temperature for 1962 at 5.02 degrees F. was slightly below the sixty years' average. The mean earth one foot deep and sea temperatures were slightly below the fifty-five years' average. The mean earth four feet deep temperature was slightly below the thirty-seven years' average. These figures tend to indicate that day temperatures generally were below average during the summer months, with the August mean at 58.8 degrees F. compared with the August sixty years' average of 61.4 degrees F.

Wind There was a total of thirty days of gale during the year, twenty-three of which occurred during the winter months. Strong winds contributed to the unsettled conditions which marred the summer months. The highest gust recorded was 77 m.p.h. on 29th December.

Maternity and Child Welfare

Senior Medical Officer
DR. T. R. W. FORREST

Births. The number of notified and registered live births in 1962 was 4,797, and after adjustment for inward and outward transfers 3,820. The Registrar General's allocation of live births was 3,757 making the birth rate for the year 17.90; the provisional rate for England and Wales being 18.0.

On the Registrar General's allocation, 7.27 per cent of live births were illegitimate.

There were 3,044 live births in institutions of which 982 were outward transfers, leaving 2,062 belonging to Plymouth. The number of domiciliary live births was 1,753, which included 13 outward transfers.

		<i>Notified and Registered</i>	<i>Adjusted by transfers</i>	<i>Allocated</i>
Total live births (legitimate and illegitimate,)		4,797	3,820	3,757
Total stillbirths (legitimate and illegitimate)		90	61	66
		<hr/>	<hr/>	<hr/>
		4,887	3,881	3,823
		<hr/>	<hr/>	<hr/>
Illegitimate births – live ...		259	216	273
stillbirths ...		8	5	9
		<hr/>	<hr/>	<hr/>
		267	221	282
		<hr/>	<hr/>	<hr/>

PLACE OF CONFINEMENT

Own home by municipal midwife	1247
Own home by municipal midwife with doctor present ...	475
Own home by private midwife with doctor present ...	30
Alexandra Maternity Home by midwife	488
Alexandra Maternity Home by midwife with doctor present	292
Devonport Maternity Home by midwife	372
Devonport Maternity Home by midwife with doctor present	28
Freedom Fields Hospital by midwife	1287
Freedom Fields Hospital by midwife with doctor present	583
"Mayflower" Mother and Baby Home by midwife ...	2
B.B.A. own home	6
Own home with doctor only present	1
*Multiple births counted as one	*4811

PLYMOUTH RESIDENTS CONFINED IN PLYMOUTH:

At home	...	...	...	...	...	1,746 (45.7%)
In hospital	...	...	...	...	...	2,073 (54.3%)

BIRTH RATES FROM 1920

<i>Year</i>				<i>Plymouth</i>	<i>England and Wales</i>
1920-29	Average	...	...	18.90	
1930-39	Average	...	...	15.40	
1940-49	Average	...	...	21.60	16.9
1950	...	...	...	16.91	15.8
1951	...	...	...	16.49	15.5
1952	...	...	...	15.95	15.3
1953	...	...	...	16.45	15.5
1954	...	...	...	16.46	15.2
1955	...	...	...	16.22	15.0
1956	...	...	...	16.31	15.7
1957	...	...	...	16.59	16.1
1958	...	...	...	16.88	16.4
1959	...	...	...	16.89	16.5
1960	...	...	...	17.01	17.1
1961	...	...	...	17.42	17.4
1962	...	...	...	17.90	18.0

Stillbirths. Ninety stillbirths were notified and registered of which 29 were outward transfers. This left 61 belonging to Plymouth. The Registrar General's allocation was 66 and on this the stillbirth rate is 17.26 which is less than the provisional rate of 18.1 for England and Wales.

STILLBIRTH RATE

YEAR	ENGLAND AND WALES	PLYMOUTH
	<i>Per 1,000 births</i>	<i>Per 1,000 births</i>
1953	22.4	20.17
1954	23.5	24.52
1955	23.2	20.22
1956	22.8	23.80
1957	22.4	18.73
1958	21.6	19.60
1959	20.7	21.42
1960	19.7	17.86
1961	18.7	12.26
1962	18.1	17.26

Number of notified stillbirths—Institutional				...	80
Freedom Fields Hospital				...	76
Alexandra Maternity Home				...	2
Devonport Maternity Home				...	2
“Mayflower” Mother and Baby Home					—
Domiciliary				...	10
					—
					90
Less outward transfers				...	29
					—
					61
Inward transfers				...	—
					—
Plymouth stillbirths				...	61
					—
Doctor in attendance				...	13
Midwife only in attendance				...	48
					—
					61
					—
Male stillbirths				...	33
Female stillbirths				...	28
					—
					61
					—

The following is an analysis of the registered causes of stillbirths:

Maternal diabetes	...	...	...	...	1
Toxaemia	...	...	...	...	7
Accidental haemorrhage	...	...	...	...	13
Precipitate labour	...	...	...	...	1
Foetal asphyxia	...	...	...	...	6
Placental insufficiency	...	...	...	...	1
Cord round neck	...	...	...	...	2
Cerebral haemorrhage	...	...	...	...	2
Hydrocephalus	...	...	...	...	2
Ruptured uterus	...	...	...	...	3
Congenital atelectasis	...	...	...	...	1
Anencephaly	...	...	...	...	3
Rh. incompatibility	...	...	...	...	2
Unknown	...	...	...	...	17
					—
					61
					—

Circular 20/44, Care of Pre-mature Infants The total number of live born premature babies belonging to Plymouth was 220, nine less than last year. 6.4 per cent of the total notified live births were premature, and of those belonging to Plymouth 5.8 per cent. The percentage surviving at one month was 84.1, and the premature neonatal mortality rate was 159.1.

Neonatal mortality rates in premature babies:

1953 ...	...	...	...	...	...	169.5
1954 ...	...	...	...	...	...	177.8
1955 ...	...	...	...	...	...	150.0
1956 ...	...	...	...	...	...	108.4
1957 ...	...	...	...	...	...	184.4
1958 ...	...	...	...	...	...	110.6
1959 ...	...	...	...	...	...	145.8
1960 ...	...	...	...	...	...	157.3
1961 ...	...	...	...	...	...	157.2
1962 ...	...	...	...	...	...	159.1

DOMICILIARY PREMATURE BABY NURSING SERVICE

Summary of work done—

Total number of babies attended ...	...	...	...	214
1. Premature babies ...	...	...	...	186
(i.e. 5½ lbs. or under)				
2. Difficult feeders ...	...	...	...	28
(i.e. babies weighing over 5½ lbs. at birth but immature, or presenting feeding difficulties)				

Premature babies :

(a) Babies born on district and nursed at home entirely	24	} 186
(b) Babies born on district and transferred to hospital ...	...	...	...	13
(c) Babies born in hospital and discharged for home nursing when 4lb. 6oz. or over	149				

Premature babies born on district and nursed at home entirely:—

<i>Weight Group</i>	<i>No. of babies</i>	<i>Average duration of nursing</i>	<i>Illnesses in first month</i>	<i>Mortality in first month</i>
3 lb. 4 oz. or less ...	—	—	—	—
Over 3 lb. 4 oz. up to and includ. 4 lb. 6 oz. ...	—	—	—	—
4 lb. 6 oz. up to and includ. 4 lb. 15 oz. ...	6	30 days	—	—
4 lb. 15 oz. up to and includ. 5 lb. 8 oz. ...	18	29 days	—	—
TOTALS ...	24	29.5 days	—	—

The statistical summaries which follow deal with all Plymouth's premature babies whether born at home or in hospital:

PLYMOUTH PREMATURE OR UNDERWEIGHT BABIES

	Total belonging to Plymouth	Died within 24 hours	Died 1-28 days	Left Plymouth within 28 days	Surviving and living in Plymouth at 28 days	Died after 28th day and up to 31.12.62	Left Plymouth after 28th day and up to 31.12.62	Surviving and living in Plymouth at 31.12.62
Institutional premature infants	182 (I.T. 2)	18	15	4	145 (I.T. 2)	2	14	129 (I.T. 2)
Domiciliary premature infants	38	1	1	—	36	1	4	31
TOTALS ...	220 (I.T. 2)	19	16	4	*181 (I.T. 2)	3	18	160 (I.T. 2)

* Surviving at one month ... 82.3%

Legitimate ...	...	201	Male	...	113
Illegitimate ...	...	19	Female	...	107
		—			—
		220			220

See following Table for more detailed information

INSTITUTIONAL AND DOMICILIARY PREMATURE, OR UNDERWEIGHT, BABIES
PROBABLE CAUSE OF PREMATUREITY

<i>Probable cause</i>	<i>Total belonging to Plymouth</i>	<i>Died in first 24 hours</i>	<i>Died 1-28 days</i>	<i>Died after 28 days and up to 31.12.62</i>	<i>Left Plymouth as at 31.12.62</i>	<i>Total surviving and living in Plymouth at 31.12.62</i>
Multiple pregnancy	27	1	1	—	1	24
Spontaneous premature rupture of membranes	19	2	1	1	3	12
Induction for supposed postmaturity	2	—	—	—	—	2
Induction for other reasons	16	—	2	—	1	13
Toxaemia	11	1	2	—	2	6
Eclampsia	1	1	—	—	—	—
A.P.H.:—						
Toxaemia	2	1	—	—	—	1
Unclassified	14	3	2	—	1	8
At term but underweight	12	—	—	—	2	10
L.S.C.S.	1	—	—	—	—	1
Separation of placenta following version	1	—	—	—	—	1
Fibroid uterus	1	—	—	—	—	1
Hay fever	1	—	—	—	—	1
Prolapsed cord	1	1	—	—	—	—
Bicornuate uterus	1	—	—	—	—	1
Hydramnious	1	—	—	—	—	1
Rh. negative with antibodies	1	—	—	—	—	1
Train journey	1	—	—	—	—	1
Not known	107 (I.T. 2)	9	8	2	12	76 (I.T. 2)
TOTALS	220 (I.T. 2)	19	16	3	22	160 (I.T. 2)

PREMATURE LIVE AND STILL BIRTHS BELONGING TO PLYMOUTH GROUPED ACCORDING TO BIRTH WEIGHT

Weight at Birth	PREMATURE LIVE BIRTHS										PREMATURE STILLBIRTHS		
	Born in Hospital			Born at home and nursed entirely at home			Born at home and transferred to Hospital on or before 28th day			Born in Hospital	Born at home	Born in Nursing Home	
	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days				
(a) 3 lb. 4 oz. or less (1,500 gms. or less)	23	14	2	—	—	—	—	—	—	19	5	—	
(b) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500–2,000 gms.)	34	2	27	—	—	—	5	—	5	10	—	—	
(c) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. ... (2,000–2,250 gms.)	42	1	40	6	—	6	4	—	4	2	1	—	
(d) Over 4lb. 15 oz. up to and including 5 lb. 8 oz. (2,250–2,500 gms.)	83 (I.T. 2)	1	80 (I.T. 2)	18	—	18	5	1	3	6	1	—	
TOTALS ...	182 (I.T. 2)	18	149 (I.T. 2)	24	—	24	14	1	12	37	7	—	

DATA *re* FEEDING OF PLYMOUTH'S 220 PREMATURE BABIES

Domiciliary: 38

		<i>Left</i>	<i>Breast</i>	<i>Partly</i>	<i>Artificially</i>
	<i>Deaths</i>	<i>Plymouth</i>	<i>Fed</i>	<i>Breast Fed</i>	<i>Fed</i>
At 2 weeks ...	2	—	11	2	23
At 1 month ...	2	1	5	—	30
At 3 months...	2	1	4	1	30

Institutional: 182

		<i>Left</i>	<i>Breast</i>	<i>Partly</i>	<i>Artificially</i>
	<i>Deaths</i>	<i>Plymouth</i>	<i>Fed</i>	<i>Breast Fed</i>	<i>Fed</i>
At 2 weeks ...	31	—	33	9	109
At 1 month ...	33	4	11	5	129
At 3 months...	34	10	3	1	134

INITIAL FEEDING OF 160 PREMATURE BABIES SURVIVING AND LIVING IN PLYMOUTH ON 31ST DECEMBER, 1962

(a) Domiciliary: 31

Entirely breast fed	...	...	...	...	...	10
Breast fed, plus complementary feeding	...	...	...	...	...	1
Artificially fed	...	...	...	...	...	20
Smallest baby: 3 lbs. 12 oz.			Largest baby: 5 lb. 8 oz.			

(b) Institutional: 129

Entirely breast fed	...	...	...	...	...	22
Breast fed, plus complementary feeding	...	...	...	...	...	8
Artificially fed	...	...	...	...	...	99
Smallest baby: 2 lb. 14 oz.			Largest baby: 5 lb. 8 oz.			

Infant Mortality

The Registrar General allocated 79 infant deaths to Plymouth, giving an infant mortality rate of 21.03; the rate for England and Wales being 21.4.

The early neonatal mortality rate is 13.57, the neonatal mortality rate 15.70, and the perinatal mortality rate 30.60.

Of the 59 deaths under one month, 86.4 per cent occurred in the first week, and 59.3 per cent were born prematurely.

<i>Age at Death</i>				<i>Premature</i>	<i>Others</i>	<i>Total</i>
Under 24 hours	...	...	...	20	9	29
1-6 days	...	...	...	13	9	22
				—	—	—
Total under 1 week	...	...	...	33	18	51
1 week-1 month	...	...	...	2	6	8
				—	—	—
Total under 1 month	...	...	...	35	24	59
				—	—	—

The following is an analysis of the causes of death in the first week of life:—

Gross prematurity	...	...	...	...	21
Pneumonia	...	...	...	...	3
Intra-uterine anoxia	...	...	...	...	2
Respiratory distress syndrome	...	...	...	...	8
Hypothermia	...	...	...	...	1
Rh. incompatibility	...	...	...	...	3
Insufficient attention at birth	...	...	...	...	2
Cerebral haemorrhage	...	...	...	...	3
Hydrocephalus	...	...	...	...	1
Anencephaly	...	...	...	...	1
Liver failure	...	...	...	...	1
Neonatal hepatitis	...	...	...	...	1
Diaphragmatic hernia	...	...	...	...	1
Congenital heart disease	...	...	...	...	2
Multiple congenital abnormalities	...	...	...	...	1
					—
					51
					==

Between one week and one month of age, congenital heart disease accounted for three deaths, atelectasis one, bronchopneumonia two, pyelonephritis and uraemia one, and one baby was accidentally asphyxiated when in bed with its parents.

Between one month and one year, bronchopneumonia was responsible for fourteen deaths, gastro-enteritis for two, and there was one death due to each of the following causes: uraemia, hydrocephalus, congenital heart disease, and pneumococcal meningitis.

Between one year and five years, there were two deaths from bronchopneumonia, and one each from the following: fibrocystic disease of the pancreas, pyelonephritis and renal failure, retroperitoneal sarcoma, infective hepatitis, congenital heart disease, and motor accident.

There were no deaths among the twenty-four children who attended the Casualty Department at Freedom Fields, having taken poisonous substances.

					<i>Deaths under 1 month</i>	<i>Deaths 0-1 years</i>	<i>Deaths 1-5 years</i>	<i>Total Deaths: under 5 years</i>
1953	...	...	...	...	61	98	11	109
1954	...	...	...	...	71	101	11	112
1955	...	...	...	...	52	73	8	81
1956	...	...	...	...	46	62	10	72
1957	...	...	...	...	59	81	11	92
1958	...	...	...	...	49	74	14	88
1959	...	...	...	...	59	78	15	93
1960	...	...	...	...	66	85	7	92
1961	...	...	...	...	56	75	20	95
1962	...	...	...	...	59	79	8	87

**Gastro-enteritis
in children
under two
years of age.**

There were two deaths from this cause, both in children aged six weeks.

**Ophthalmia
Neonatorum.**

Of the forty-two cases of Ophthalmia Neonatorum notified, sixteen were not belonging to Plymouth.

All cases responded to treatment and in no case was vision impaired.

**Circular 2866—
Care of
Illegitimate
Children and
Moral Welfare
Work**

There was an increase of 52 in the number of cases dealt with during 1962. Again there was a fall in the number of girls sent away to Homes, more girls staying in Plymouth to have their babies, which is reflected by the number of babies dealt with during the year.

Thirteen more babies were sent for adoption through the Western National Adoption Society, Bath, bringing the total to 39. The number of babies offered for adoption through the Children Department was 14. The Children Department list was closed for part of the year. Two babies were placed for adoption through the Catholic Adoption Society.

The amount of money dealt with by the office increased considerably to over £4,400. £2,143 of this was paid out in grants for Dr. Barnardo's. Once again we wish to state how grateful we are to this Society.

There continues to be good co-operation between this department and all other social agencies in the city and with general practitioners. Thanks must go to the St. John Ambulance Brigade who supply escorts to take our babies to the Adoption Society in Bath. There are times when three journeys are made in a week.

The following is a summary of the work done:

Cases on hand from 1961	...	...	...	...	...	311
Cases reported in 1962—						
Unmarried mothers	...	...	...	...	...	182
Married women with illegitimate children	...	...	...	...	...	50
Cases re-opened in 1962—						
Unmarried mothers	...	...	...	...	...	29
Married women with illegitimate children	...	...	...	...	...	16
Reported by:—						277
M. & C.W.	...	...	...	...	...	36
Children Officer	...	...	...	...	...	9
General practitioners	...	...	...	...	...	66
Social workers	...	...	...	...	...	44
City police	...	...	...	...	...	1
Hospital Almoners	...	...	...	...	...	24
National Assistance Board	...	...	...	...	...	14
Probation Officer	...	...	...	...	...	3
N.C.U.M.C.	...	...	...	...	...	2
Guild of Social Service	...	...	...	...	...	2
Themselves and others interested	...	...	...	...	...	76
Total cases dealt with in 1962						588
Number of interviews	...	...	...	...	...	2,607
Number of visits	...	...	...	...	...	1,386
Assistance given as follows:—						
Taken to Homes—						
Mayflower Salvation Army, Plymouth	...	...	...	...	...	3
Rosemundy, Cornwall	...	...	...	...	...	8
St. Olave's, Exeter	...	...	...	...	...	5
						16
Babies:—						
Restored to mother	...	...	...	...	...	7
Foster homes	...	...	...	...	...	57
Adoptions	...	...	...	...	...	55
Residential nurseries	...	...	...	...	...	11
Sent into care	...	...	...	...	...	1
Sent to Dr. Barnardo's	...	...	...	...	...	3
Daily minded	...	...	...	...	...	4
						138

Helped and advised	...	...	...	...	...	60
Passed to other social workers	...	...	...	...	...	7
Returned to parent's home town			...	...	...	2
Work obtained for	...	...	...	...	...	11
Sent to lawyer	...	...	...	...	...	31
Sent to Court	...	...	...	...	...	24
Affiliation investigations	...	...	...	...	...	25
Grants, etc., administered	...	...	...	...	...	214
Accommodation found for		...	...	...	...	23
Kept in touch with through correspondence				...	...	36

Health Visiting

The year brought many changes in the health visiting service, one visitor becoming whole-time tuberculosis visitor, and five visitors combining health visiting with school nursing, thus following the children they have visited since birth into the schools. One visitor took over the duties of Problem Family health visitor.

We have continued with the Phenylketonuria test on all babies in the city, this necessitates more visiting in the early days of an infant's life. 3,863 such tests, all negative, were carried out in 1962. It says much for the good relationship existing between mother and health visitor that we had only one definite refusal.

The number of children under five years on our register at the end of the year was 15,392, the total number of home visits paid was 44,203, and 2,397 clinic attendances were made.

Twenty-two talks were given to outside organisations, and 209 talks at our Welfare Centres and relaxation clinics.

Three health visitors attended a refresher course, and all health visitors took student nurses out for district experience.

The monthly case conference with Maternity and Child Welfare medical officers, the psychiatrist and psychiatric social workers of the Child Guidance Clinic, continued to be held.

Three general practitioners are now holding Child Welfare clinics in their surgeries with a health visitor attending.

A good liaison between health visitors and hospitals is maintained. The Superintendent Health Visitor receives requests from ward sisters and almoners, for visits to discharged patients and those defaulting from consultant clinics. All these requests were met by the district health visitors.

One health visitor has been in charge of the two patients in the city with electrical cardiac pace-makers. This has involved a considerable amount of time, 125 visits being paid, by day and night, as required. The South Western Electricity staff have been most helpful in checking the batteries.

Summary of visits:

Births	...	...	...	....	...	...	...	...	3863
1st year visits	...	...	...	...	...	...	...	...	9379
Re-visits, 1-2 years	...	...	...	...	...	...	...	...	6408
Re-visits, 2-5 years	...	...	...	...	...	...	...	...	12863
1st antenatal visits	...	...	...	...	...	...	...	...	339
Re-antenatal visits	...	...	...	...	...	...	...	...	104
Visits <i>re</i> infectious diseases	...	...	...	...	...	...	...	...	30
After-care, hospital cases	...	...	...	...	...	...	...	...	77
After-care, doctors' cases	...	...	...	...	...	...	...	...	57
Special visits (including visits to aged and problem families)									3742
'No access' visits	...	...	...	...	...	...	...	...	7341
									<hr/> 44203 <hr/>

The 30 visits in connection with infectious diseases are made up as follows:

Cerebro-spinal meningitis	...	...	...	...	...	...	13
Chicken-pox	...	...	...	...	...	...	1
Diphtheria	...	...	...	...	...	...	7
Dysentery	...	...	...	...	...	...	2
Gastro-enteritis	...	...	...	...	...	...	1
German measles	...	...	...	...	...	...	1
Ophthalmia Neonatorum	...	...	...	...	...	...	1
Poliomyelitis	...	...	...	...	...	...	1
Scabies	...	...	...	...	...	...	2
Whooping cough	...	...	...	...	...	...	1
							<hr/> 30 <hr/>

Tuberculosis visiting was reorganised in September. A senior health visitor took over the tuberculosis work with routine visits being paid by the district health visitors. During the year 2,288 home visits were paid, including 763 'no access' visits.

The notified cases of respiratory tuberculosis numbered 90, and non-respiratory 10, being a reduction of 70 respiratory and 5 non-respiratory compared with 1961.

Problem Families

In February we were again able to second a health visitor to problem families.

The families were classified as follows:

New cases	...	...	...	...	...	7
Old cases	...	...	...	...	...	13
						—
						20
						==
Hard core problem families				...	...	7
Others	...	...	...	...	...	13
						—
						20
						==

Several families were helped to deal with their financial difficulties, and two families were rehoused. This type of visiting is time-consuming and calls for patience and ingenuity.

Child Welfare Centres

The sessions at our thirteen Child Welfare Centres remained unchanged, and the average attendance per session was 40.4.

For details, see table on page 30a.

Welfare Food Service

During 1962 there were seventeen distribution centres, thirteen of these being in our Child Welfare Centres. We are grateful to members of the Women's Voluntary Service and others for their help.

Summary of issues :

				<i>National Dried Milk</i>	<i>Cod Liver Oil</i>	<i>Vitamin A and D Tablets</i>	<i>Orange Juice</i>
				<i>tins</i>	<i>bottles</i>	<i>packets</i>	<i>bottles</i>
1961	...	...	...	81,186	8,884	7,557	68,247
1962	...	...	...	79,031	4,767	4,427	43,202

Charges for vitamin supplements were introduced in June, 1961.

CHILD WELFARE SESSIONS

	<i>Beacon Park</i>	<i>Beaumont Hut</i>	<i>Crownhill</i>	<i>Devonport Park</i>	<i>Efford</i>	<i>Ernescille</i>	<i>Honic- knowle</i>	<i>Laira</i>	<i>Peverell</i>	<i>St. Budeaux</i>	<i>Southway</i>	<i>Stonehouse</i>	<i>Whittleigh Hall</i>	<i>Totals</i>
No. of sessions held ...	102	203	51	102	50	50	50	52	102	101	51	52	51	1,017
No. of attendances:														
0-1 year { 1st attend.	285	591	179	341	102	70	131	86	269	365	114	210	74	2,817
{ Re-attend.	3,083	5,965	1,826	3,488	1,129	775	1,260	1,192	2,991	3,064	897	1,879	826	28,375
1-2 years ...	563	968	338	449	309	172	306	318	592	455	248	205	210	5,133
2-5 years ...	454	632	312	182	213	220	610	195	395	450	592	143	325	4,723
Total ...	4,385	8,156	2,655	4,460	1,753	1,237	2,307	1,791	4,247	4,334	1,851	2,437	1,435	41,048
Average attendance per session ...	43.0	40.2	52.1	43.7	35.1	24.7	46.1	34.4	41.6	42.9	36.3	46.9	28.1	40.4
Doctors' consultations ...	1,423	2,457	628	896	772	620	549	615	1,177	1,228	485	730	478	12,058
Vaccination and Immunisation: No. of attendances ...	—	—	—	—	1,069	883	—	629	—	—	—	1,253	—	3,834

Attendances at local health authority clinics by: (a) Health Visitors ... 2,397
(b) S.R.N's ... 1,182

Handicapped Children

Thirty-two children reached the age of five during the year with a handicap persisting as follows:

Strabismus	...	...	...	...	...	6
Cleft palate	...	...	...	...	...	2
Naevus of lip	...	...	...	...	...	1
Sacral cyst	...	...	...	...	...	1
Deformity of foot	...	...	...	...	...	1
Mental retardation and microcephaly	...	...	...	...	...	2
Mental retardation	...	...	...	...	...	3
Mongolism	...	...	...	...	...	2
Congenital cerebellar ataxia	...	...	...	...	...	1
Paralysis of right arm	...	...	...	...	...	1
Spinal deformity	...	...	...	...	...	1
Cerebral palsy	...	...	...	...	...	4
Epilepsy	...	...	...	...	...	1
Partial deafness	...	...	...	...	...	3
Congenital heart defect	...	...	...	...	...	2
Diabetes	...	...	...	...	...	1
						—
						32
						==

Ultra-Violet Light Clinics

Sessions were held as necessary at St. Budeaux Child Welfare Centre.

Number of sessions	...	...	...	34
First attendances	...	...	...	12
Re-attendances	...	...	...	269
Average attendance	...	...	...	8.3

Nurseries and Child Minders Regulation Act, 1948

During the year two registrations were made in respect of child minders, and a day nursery for 22 children was registered.

Antenatal

Attendances were as shown in the table.

938 Kahn tests and 1,010 Haemoglobin estimations were made on specimens taken in the clinics.

Postnatal

The postnatal session is combined with one of our antenatal sessions. Only 19 women out of 36 attended.

No. of women given an appointment	...	...	36
No. of first attendances	...	...	19
No. requiring advice or treatment	...	...	11

ANTENATAL CENTRES - MEDICAL SESSIONS

	Beacon Park	Beaumont Hut	Crownhill	Devonport Park	Laira	St. Budeaux	Stonehouse	Totals
No. of Medical Officers' sessions held ...	51	153	51	51	44	51	51	452
1st attendances ...	112	383	74	128	56	63	155	971
Re-attendances ...	333	967	264	297	207	225	385	2,678
Miscellaneous (Bloods only) { 1st attendances only) { re-	29 11	191 2	30 9	33 3	50 1	79 8	34 2	446 36
Total attendances { 1st re-	141 344	574 969	104 273	161 300	106 208	142 233	189 387	1,417 2,714
Average attendance per session ...	9.5	10.1	7.4	9.0	7.1	7.4	11.3	9.1
No. of transfers from 1961	19	64	11	24	20	12	38	188
Total No. of Women attending during 1962 { A.N. Misc.	131 29	447 191	85 30	152 33	76 50	75 79	193 34	1,159 446
								1,605

Hospital
Maternity
Homes

Nine hundred and ninety-seven Plymouth women were admitted to the Alexandra and Devonport Maternity Homes for confinement on social as distinct from medical grounds.

Chest Radio-
graphy of
Expectant
Mothers

Eight hundred and thirteen expectant mothers attended Beaumont House or the Mass Radio-graphy Centre for chest X-ray. Three hundred and two mothers were referred through this department, of whom about 66% attended.

Relaxation and
Mothercraft
Classes

Classes continued to be held at Crownhill, Honicknowle and Stonehouse Centres, and were well attended.

Attendances were as follows:

		<i>Crownhill</i>	<i>Honicknowle</i>	<i>Stonehouse</i>
Number of sessions ...	...	101	51	97
1st attendances ...	...	251	96	316
Re-attendances ...	...	1748	631	1883
Average attendance ...	...	19.8	14.3	22.7

Supervision of
Midwives

Number notifying their intention to practise 95
Number practising in the area at 31.12.62 81

						<i>As Midwife</i>
Municipal (including non-medical supervisor of midwives and tutor) ...	...	...	...	...	...	32
In private practice ...	...	...	...	...	...	1
Alexandra Maternity Home ...	...	...	...	...	...	13
Freedom Fields Hospital ...	...	...	...	...	...	24
Devonport Maternity Home ...	...	...	...	...	...	9
"Mayflower" Mother and Baby Home ...	...	...	...	...	...	2
						<hr/> 81 <hr/>

Thirty cases were attended in private practice (all by one midwife).

Approximately 70 per cent of confinements, district and institutional, were attended by midwives only.

Other notifications received under the Central Midwives Board rules were:

Notification of stillbirth ...	...	1
Notification of having laid out a dead body ...	...	1
Notification of liability to be a source of infection		5

Medical aid was sought by midwives in 130 cases for the following reasons:

(i) FOR MOTHER DURING PREGNANCY:

Threatened abortion	...	...	...	...	1
Urinary infection	...	...	...	...	1
Hypertension	...	...	...	...	3
Toxaemia	...	...	...	...	3
A.P.H.	...	...	...	...	8
Premature rupture of membranes	...	...	...	...	2
Meconium stained liquor	...	...	...	...	2
Postmaturity	...	...	...	...	3
					—
					23

(ii) FOR MOTHER DURING LABOUR:

Fits	...	...	...	...	...	1
Hypertension	...	...	...	...	...	4
B.B.A.	...	...	...	...	...	3
Breech presentation	...	...	...	...	...	4
Transverse lie	...	...	...	...	...	1
Premature labour	...	...	...	...	...	5
Prolonged labour	...	...	...	...	...	10
Fœtal distress	...	...	...	...	...	5
Uterine inertia	...	...	...	...	...	1
P.P.H.	...	...	...	...	...	9
Retained placenta	...	...	...	...	...	1
Perineal laceration	...	...	...	...	...	41
Suturing of episiotomy	...	...	...	...	...	4
Suppression of lactation	...	...	...	...	...	1
						—
						90

(iii) FOR MOTHER DURING PUERPERIUM:

Inflamed veins of right thigh	...	...	...	...	1
Pyrexia	...	...	...	...	2
P.P.H.	...	...	...	...	1
Urinary infection	...	...	...	...	1
					—
					5

(iv) FOR INFANT:

Unsatisfactory condition	...	...	...	...	2
Septic napkin rash	...	...	...	...	1
Ophthalmia	...	...	...	...	4
Paralysis of arm	...	...	...	...	1
Polyp on baby's hand	...	...	...	...	1
Extra digit baby's hand	...	...	...	...	1
Cleft palate	...	...	...	...	1
Prematurity	...	...	...	...	1
					—
					12
					—
					130

**Municipal
Midwifery
Service**

Out of a total establishment of 32 midwives, 2 midwives devoted their time to the care of pre-mature babies. The number of teaching midwives was 13.

Twenty-five pupils enrolled in the training school, and during the year twenty-three sat for the Part II examination of the Central Midwives Board, all being successful.

Three hundred and eighteen Mothercraft Talks were given at clinics by midwives, covering a wide variety of subjects, e.g. preparation for labour, labour, use of analgesic apparatus, and care of infant.

First attendances at the midwives antenatal sessions were 1,449, re-attendances were 6,332. The average attendance per session was 12.8.

See table on page 36a.

The total number of confinements attended was 1,722, 98 per cent of cases having a doctor booked. The forceps rate was 1.9 per cent, and the stillbirth rate was 5.8.

The following is a summary of the work done throughout the year:

MUNICIPAL MIDWIVES

Number of cases attended:

(a) Doctor <i>not booked</i> but present at delivery	...	...	3	
(b) Doctor <i>not booked</i> and not present at delivery	...	...	32	
(c) Doctor <i>booked</i> and present at delivery	...	...	472	
(d) Doctor <i>booked</i> but not present at delivery	...	...	1215	
			—	1722
Number of cases booked	...	...	...	2098

Number of gas and air and trilene administrations:

			<i>Gas and Air</i>	<i>Trilene</i>	
(a) Doctor present at delivery	...		272	182	
(b) Doctor not present at delivery			729	378	
			—	—	
			1001	560	
			—	—	1561
Number of instrumental deliveries:					
(a) Doctor not booked	...	...	...	—
(b) Doctor booked	...	...	...	32	
				—	32

Number of emergency deliveries	...	...	...	...	5
Number of booked miscarriages	...	...	...	...	2
Number of patients transferred to hospital for confinement					167
Number of patients transferred to hospital after confinement					7
Number of antenatal home visits by midwives	...	...			11868
Number of clinic attendances by midwives	...	...			1506
Number of notifiable puerperal pyrexia cases	...	...			3
Number of accouchement sets issued at Welfare Centres					1922

Fees paid to Doctors A sum of £63, being £27 less than last year, was paid by the local authority to general practitioners for eighteen accounts submitted under section 14 of the Midwives' Act, 1951.

Maternity and Nursing Homes During the year, two new registrations were made. One for 28 chronic sick and one for 21 unmarried mothers.

One other nursing home for the chronic sick had the registration amended from 19 to 22 beds. The other nursing homes remained unchanged, and routine visits were made.

There are now 83 beds for the chronic sick, and 34 beds for unmarried mothers registered.

Maternal Mortality There were two maternal deaths in Plymouth during 1962, in neither case involving a Plymouth mother. In one case death was due to acute adrenal failure of unknown cause, and in the other to septicaemia due to acute pyelonephritis.

MATERNAL MORTALITY

YEAR	ENGLAND AND WALES		PLYMOUTH	
	<i>Per 1,000 total births</i>		<i>Per 1,000 total births</i>	
	<i>Including Abortions</i>	<i>Excluding Abortions</i>	<i>Including Abortions</i>	<i>Excluding Abortions</i>
1953	0.76	0.65	1.61	1.07
1954	0.70	0.59	1.09	0.81
1955	0.64	0.54	0.83	0.83
1956	0.56	0.46	0.27	0.27
1957	0.47	0.37	0.27	0.27
1958	0.43	0.35	0.54	0.54
1959	0.38	0.32	0.80	0.53
1960	0.39	0.31	Nil	Nil
1961	0.33	0.27	Nil	Nil
1962	0.35	0.28	Nil	Nil

ANTENATAL CLINICS—MIDWIVES' SESSIONS

	<i>Beacon Park</i>	<i>Beaumont Hut</i>	<i>Crownhill</i>	<i>Devonport Park</i>	<i>Efford</i>	<i>Erne- settle</i>	<i>Honick- nowle</i>	<i>St. Budcaux</i>	<i>Southway</i>	<i>Stonehouse</i>	<i>Totals</i>
No. of midwives' sessions held ...	102	102	49	51	49	52	51	51	50	51	608
1st attendances ...	211	284	65	192	58	90	152	136	77	184	1,449
Re-attendances ...	1,043	1,383	222	743	369	388	373	587	257	967	6,332
Total attendances ...	1,254	1,667	287	935	427	478	525	723	334	1,151	7,781
Average attendance per session	12.3	16.3	5.9	18.3	8.7	9.2	10.3	14.2	6.7	22.6	12.8
No. of transfers from 1961 ...	92	71	27	75	28	35	27	71	11	53	490
Total No. of women attending during 1962 ...	303	355	92	267	86	125	179	207	88	237	1,939

Puerperal Pyrexia	Total notifications	48
	Outward transfers	17
		—
	Belonging to Plymouth ...	31
		==

In only one of the outward transfers was uterine infection considered to be present.

In many cases the cause of the pyrexia was not discovered as antibiotic treatment was commenced immediately.

The following data refer only to Plymouth cases:

PLACE OF CONFINEMENT AND TREATMENT:

Own home	2
Freedom Fields Hospital	19
Alexandra Maternity Home	9
Devonport Maternity Home	1
	—
	31
	==

CAUSES OF PYREXIA:

Anæmia	1
Glandular fever	1
Foreign body in vagina	1
Pharyngitis	1
Engorged breasts	2
Urinary infection	7
Uterine infection	4
Not known	14
	—
	31
	==

Family Planning The Plymouth City Branch of the Family Planning Association continued to hold sessions at Beaumont Hut, and the Plymouth and District Branch at St. Budeaux.

Attendances were as follows:

			<i>Beaumont Hut Centre</i>	<i>St. Budeaux Centre</i>
No. of clinics held			80	48
New cases seen by doctor			503	249
Total return visits			2950	1344
Return visits seen by doctor			1255	506

Day Nursery Arrangements at the nursery continued as in previous years.

The number of children on the register rose from 32 at the beginning of the year to 41 at the end of the year.

	0-2 years	2-5 years
No. of children admitted during the year	16	25*
No. of children discharged during the year 	8*	24
No. of children registered at the end of the year 	7	34
Average daily attendance 	5.5	25.7

* Excludes 7 transfers to 2-5 years group.

DENTAL TREATMENT OF MOTHERS AND YOUNG CHILDREN

SENIOR DENTAL OFFICER—MR. R. M. MAYNARD

The following table shows the treatment given to Expectant and Nursing Mothers, and Children under Five Years, during 1962:

Dentures	Partial	18	-
	Full	40	-
Radiographs		1	-
General Anaesthetics		29	141
Extractions		185	279
Crowns and Inlays		-	-
Silver Nitrate Treatment		5	14
Fillings		124	60
Scalings and Gum Treatment		8	3
Made Dentally Fit		70	148
Treated		103	169
Needing Treatment		102	196
Examined		119	260
		Expectant and Nursing Mothers ..	..
		Children under Five ..	..

Sanitary Circumstances of the Area

REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

MR. W. G. LOCK

Introduction In submitting this Report, I would again like to thank Dr. T. Peirson for the help which he has given to me, and the staff, both inspectorial and clerical, and for their loyal support and co-operation throughout the year.

For the first time for many years, the staff reached full establishment when Mr. B. Straw, one of the student public health inspectors, who passed his qualifying examination early in the year, was appointed as a public health inspector. Another student, Mr. N. Stephens, who qualified later in the year and for whom there was no vacancy in the department, obtained an appointment with the Torpoint Urban District Council. At the time of going to press, however, one of the junior inspectors has left to take up an appointment with another authority at a much increased salary, the equivalent of that received by the most senior inspector in the department, and it is extremely likely that other junior inspectors will find the higher salaries obtainable with other authorities a greater attraction than the natural advantages of Plymouth.

Routine inspections of houses where neglect was apparent have continued throughout the year and although Improvement Grants are not administered by this department, with a view to encouraging owners to apply for such grants, where houses were suitable for improvement and had the necessary "lives", details of Improvement Grants were sent with the specifications of repairs to the owners. Little or no response has been forthcoming, however and it does appear that until the provision of a bathroom is made compulsory by legislation, many families in the City will have to remain without this necessary amenity.

Further progress has also been made with the systematic inspection of basement rooms and during the year thirty-one representations have been made and seventeen basement dwellings made the subjects of closing orders. In the other cases, final decisions had not been reached by the end of the year but certain of the owners had offered, subject to planning permission, to make the rooms fit, the offers including the provision of bathrooms and indoor sanitary accommodation.

A beginning has also been made with the task of reducing the number of pigeons in the City centre using a form of trap recommended by the Ministry of Agriculture, Fisheries and Food, in addition to the destruction of eggs (and newly hatched birds). This will be no easy task, however, and dramatic results cannot be expected.

WATER SUPPLY

Consumption The average daily consumption of water during 1962 was 15.4 million gallons, a decrease of .3 million gallons as compared with the previous year.

Supply The rainfall over the catchment area was 62.26 inches, more than six inches less than the long term average of 68.61 inches, but the supplies of water during the year were adequate and no restrictions in the use of water were imposed.

Water was pumped from Lopwell from the 14th July until the 8th August, 93 million gallons being pumped in July and 47 million gallons in August.

The big freeze, which started at the end of December and continued well into February, 1963, caused many individual service pipes to be frozen although no large water mains were affected. It was necessary to supply many consumers from stand pipes erected in the streets and from emergency water tanks, some for as long as six weeks. Burrator reservoir was completely covered with ice at one time.

Water Treatment As in the previous year, 0.5 part per million of chlorine was added to the water at Burrator and except for the water supplied to the high level districts, it has been filtered and again chlorinated at Crownhill.

The Yelverton supply was treated with an average dose of 1.0 part per million of chlorine, using chloros, and with soda ash to correct the pH.

The River Tavy water was chlorinated, treated with coagulents, settled, filtered and again chlorinated.

Dousland Filters The construction of rapid gravity filter and water treatment works at Dousland to supply the high level districts was started in February and it is expected that they will be operating in 1963.

Bacteriological Examination

During 1962, with a view to ensuring that a pure supply of water was maintained, 124 routine samples were examined and submitted to bacteriological examination. The results of these examinations are shown in the following table:

<i>Source</i>	<i>Total Number of Samples</i>	<i>B. Coli present in 100 ml.</i>	<i>B. Coli absent in 100 ml.</i>
From City Mains ...	122	5 (all non-faecal)	117
From Wells and Springs ...	2	Nil	2
GRAND TOTALS ...	124	5 (all non-faecal)	119

In addition to the samples shown in the above table, whilst water was being obtained from Lopwell Dam from July 14th to 8th August inclusive, samples of water were taken daily from the covered reservoir at Crownhill which receives the Lopwell water after treatment. Of these samples, fifty-one in number, fifty were returned: "B. Coli absent in 100 ml."

Chemical Analysis Seven samples of water were submitted for chemical analysis. The following table gives a summary of the results of these, the figures representing parts per million :

CHEMICAL ANALYSIS OF WATER DURING 1962
(parts per million)

	<i>March</i>	<i>September</i>	<i>December</i>
Temporary Hardness ...	6.0	8.0	10.0
Permanent Hardness ...	16.0	7.0	5.0
Total Hardness 	22.0	15.0	15.0
Chlorine as Chlorides ...	11.0	11.0	11.0
Ammonia, saline 	0.014	Nil	Nil
Ammonia, albuminoid ...	0.022	0.042	0.040
Nitrates as nitrogen	Nil	Nil	Nil
Nitrites as nitrogen	Nil	Nil	Nil
Oxygen (absorbed 4 hours at 27° C.) 	0.25	0.5	0.8
Metals (zinc, copper, lead, iron and manganese)	Nil	Nil	Nil
pH value 	6.9	6.7	6.8

I am indebted to the Water Engineer for part of the foregoing information.

SWIMMING POOLS

Samples of water were taken regularly for bacteriological examination from the swimming pools in the city, and the results are shown in the following table:

RESULTS OF BACTERIOLOGICAL EXAMINATION OF SAMPLES OF WATER OBTAINED FROM BATHING POOLS IN THE CITY DURING 1962

<i>Source</i>	<i>Total Number Samples</i>	<i>B.Coli present in 100 ml.</i>	<i>B.Coli absent in 100 ml.</i>
Tinside Bathing Pool ... (sea water)	7	2 (1 faecal)	5
Mount Wise Ladies' Bathing Pool (sea water) ...	13	6 (4 faecal)	7
Mount Wise Men's Bathing Pool (sea water) ...	11	3 (2 faecal)	8
Mount Wise Infants' Paddling Pool (city mains) ...	13	6 (5 faecal)	7
Mount Wise Infants' Boating Pool (sea water) ...	13	5 (all faecal)	8
Munday House ... (city mains)	3	1 (faecal)	2
Glenholt Camp ... (city mains)	4	2 (1 faecal)	2
Pennycross Primary School... (city mains)	9	Nil	9
Central Park Paddling Pools (city mains)	16	10 (7 faecal)	6
Devonport Park Paddling Pool (city mains)	12	6 (5 faecal)	6
Plymouth College ... (city mains)	5	1 (non-faecal)	4
Efford Secondary Modern School (city mains) ...	7	2 (both faecal)	5
Montpelier Junior School ... (city mains)	9	Nil	9
GRAND TOTALS ...	122	44 (33 faecal)	78

The Montpelier Junior School completed the erection of their prefabricated swimming pool and it was in use for the whole of the summer season.

The Burrington Secondary Modern School completed their swimming pool by the end of the season and hope to use it at the commencement of the 1963 season. This pool is to be filled from the City mains, the water changed weekly, and chlorine added daily by hand.

SEWERAGE AND SEWAGE DISPOSAL

The following improvements to the main drainage system of the City, for which information I would like to thank the City Engineer, have been carried out during the year:—

(a) EXTENSION AND RECONSTRUCTION OF SEWERS.

(i) *Derriford drainage.*

A scheme was prepared, approved and work commenced to provide drainage facilities for some 450 acres of land at Derriford. The land referred to lies east of Tavistock Road, Crownhill, west of Plymbridge Road and north of Forder Valley. The provision of drainage for this area has been made possible by the construction in 1961 of the Estover sewer, built to serve the industrial development taking place in the Estover area. The new sewer branches northwards from this sewer at a point near the junction of Forder Valley Road and Plymbridge Road. It runs northwards up the valley, situated just west of Blunts Lane, as far as Fursdon, at which point it turns west and continues up the valley running south of Derriford and north of Seaton Barracks.

A branch sewer leaves this new sewer at Poole Farm and is taken westwards up Forder Valley as far as Plumer Barracks.

The work, when completed, in addition to affording main drainage for the area, will enable the War Department to dispense with their sewage disposal works and pumping stations serving Seaton and Plumer Barracks and will also allow the Corporation to dispense with Smallack sewage disposal works. Houses have recently been built close to the perimeter of the latter works. In addition, it will enable thirty-seven houses in Fort Austin Avenue, at present draining to cesspits, to be served by a public sewer. Furthermore, the development of the proposed hospital site in this area will be facilitated by the provision of the sewers.

The estimated cost of the scheme, which is now well in hand, is £38,800. The area will be drained by a “separate system”, the foul sewage being treated at the joint sewage disposal works at Marsh Mills and the stormwater taken to existing streams which discharge to the River Plym at Crabtree.

(ii) *Church Hill area – Eggbuckland.*

An extension of the foul and stormwater sewers in the above area is being carried out at an estimated cost of £2,110. These sewers will provide drainage facilities for some one hundred and eleven houses and four shops. The stormwater will discharge to existing streams while the foul sewers will be connected to the main public sewers draining to the joint sewage disposal works at Marsh Mills.

(iii) *Eggbuckland Valley sewerage scheme – Stage 2.*

Stage 1 of the above scheme was completed some five years ago when a sewer was laid from Eggbuckland Road through the valley and across the River Plym to the new joint sewage disposal works at Marsh Mills. This allowed the sewage from Eggbuckland and Higher Compton areas to be conveyed to the new joint disposal works at Marsh Mills for treatment.

The work completed this year (i.e. Stage 2) is an extension of the above scheme. The new sewer, varying in size from 12 in. diameter to 21 in. diameter and 1,800 lin. yards in length, runs westward from Eggbuckland Road as far as Windale Farm. The sewer follows the valley lying just north of Higher Compton Road and as far as was practicable it was kept on the line of the proposed outer ring road.

The sewer replaces an old 9 in. diameter sewer which had insufficient capacity to deal with the increase in flow caused by the development which has taken place in the area in recent years. Furthermore, the sewer was in poor condition, infiltration took place and when surcharged, sewage overflowed and contaminated the stream passing through the valley.

This length serves a drainage area of some 650 acres. The estimated cost of the work amounts to £19,200.

(b) MAINTENANCE OF SEWERS.

In order that the full capacity of the sewers and storage tanks shall be kept available, a gang has been employed on removing the silt and sand washed down to the low level sewers.

The very cold weather experienced during December/February did not give rise to any difficulties on the drainage system, except for troubles at the disposal plants. However, in a few

residential areas where the house (water) services had become frozen, it was necessary to send a tanker to flush the sewers as insufficient water was passing through the drains to keep the sewers running clear.

The greater use of salt to melt snow, instead of spreading sand or ashes on snow covered roads, reduced considerably the amount of silt washed to the sewers, the removal of which is costly. It was also found that where salt was used, the road gullies were able to function satisfactorily during the thaw, instead of being choked with silt, snow and ice. This reduced the chances of flooding occurring in the low lying areas.

SANITARY INSPECTION OF THE AREA

The number of complaints of housing defects and nuisances received and given attention by the Health Department during the year was 1,529, a reduction of a little over 14 per cent compared with the figure for the previous year.

Prosecutions Only on one occasion was it necessary to arrange for the institution of legal proceedings where an owner had failed to comply with the requirements of an abatement notice served upon him in accordance with the provisions of the Public Health Act, 1936. In this case the Magistrates made a Nuisance Order for the work to be carried out within twenty-eight days: the work was subsequently completed but not before the owner had been warned that it would be necessary for the case to be referred back to the Magistrates.

Drainage On three occasions official orders were sent to the City Engineer to clear, in default of the owners and at their expense, choked drains in respect of which notices under Section 17 of the Public Health Act, 1961, had been served upon the owners and the work had not been done by them within the forty-eight hours required by the notices.

Moveable Dwellings In April, the Plymouth City Council approved the granting of a licence in respect of land on the outskirts of the City. This followed an appeal, allowed by the Minister of Housing and Local Government, which the owner had made against the refusal of the Council on planning grounds to permit the stationing of a caravan on the land. In allowing the appeal, the Minister laid down that not more than one caravan should be stationed on the site at any one time and that the caravan should be screened. In addition to these conditions, other requirements based on the model standards of the Ministry of Housing and Local Government have been attached to the licence and up to the present the land has not been used, work to comply with the conditions not having been completed.

Work has also been proceeding at the other two licensed sites in the City in order that the conditions attached to the licences shall be met.

Common Lodging Houses Regular inspections of the two common lodging houses in the City have been carried out, and improvements requested where these have been necessary.

Factories and Outworkers Details of the sanitary inspections of factories under the Factories Act, 1961, and of outwork carried on within the City are given in the following tables:—

1. INSPECTIONS for purposes of provisions as to health.

<i>Premises</i> (i)	<i>Number on Register</i> (ii)	<i>Number of</i>		
		<i>Inspections</i> (iii)	<i>Written Notices</i> (iv)	<i>Occupiers prosecuted</i> (v)
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by local authorities	40	99	1	—
2. Factories not included in (1) in which Section 7 is enforced by the local authority	516	511	26	—
3. Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers premises) ...	63	63	1	—
TOTAL ...	619	673	28	—

2. Cases in which defects were found.

<i>Particulars</i> (i)	<i>Number of cases in which defects were found</i>				<i>Number of cases in which prose- cutions were instituted</i> (vi)
	<i>Found</i> (ii)	<i>Remedied</i> (iii)	<i>Referred to H.M. Inspector</i> (iv)	<i>Referred by H.M. Inspector</i> (v)	
Want of cleanliness(s.1)	14	14	—	7	—
Overcrowding (s. 2)	—	—	—	—	—
Unreasonable temper- ature (s. 3)	—	—	—	—	—
Inadequate ventila- tion (s. 4)	2	2	—	1	—
Ineffective drainage of floors (s. 6)	1	1	—	—	—
Sanitary Conveniences (s. 7)(a) Insufficient ...	3	3	—	2	—
(b) Unsuitable or defective ...	14	4	—	2	—
(c) Not separate for sexes	1	1	—	—	—
Other offences against the Act (not including offences relating to Outwork)	1	1	—	—	—

3. Outwork (Sections 133 and 134).

<i>Nature of Work</i> (1)	SECTION 133			SECTION 134		
	<i>Number of out-workers in August list required by Section 110 (1) (c)</i> (2)	<i>Number of cases of default in sending lists to the Council</i> (3)	<i>Number of prosecutions for failure to supply lists</i> (4)	<i>Number of instances of work in unwholesome premises</i> (5)	<i>Notices served</i> (6)	<i>Prosecutions</i> (7)
Wearing apparel, making, etc. ...	178	—	—	—	—	—

PREMISES
INSPECTED.

The following table shows the number of inspections of various premises carried out during the year, together with information regarding the action taken as a result of these inspections:—

Premises Inspected	Inspections or Visits	Intimation Notices served or Improvements required	Intimation Notices complied with or Improvements effected	Statutory Notices served during the year	Statutory Notices complied with during the year
Houses inspected (Public Health and Housing Acts) ...	3,071	1,009	—	33	—
Houses reinspected (Public Health and Housing Acts)	8,923	—	990	—	37
No. of premises (other than houses) inspected ...	365	32	31	—	—
No. of Interviews	1,350	—	—	—	—
Visits to contacts of infectious diseases	319	—	—	—	—
No. of houses visited regarding:—					
Notifiable diseases	1,735	—	—	—	—
Visits regarding Food Poisoning	151	—	—	—	—
Bakehouses	169	8	8	1	1
Boiling Plants (Waste Food)	6	—	—	—	—
Butchers	1,072	56	53	—	—
Cinemas and Amusement Places	27	3	3	—	—
Common Lodging Houses	24	4	2	—	—
Dairies and Milk shops	174	2	2	—	—
Food Vehicles	30	1	1	—	—
Fresh Fish Shops	146	5	5	—	—
Fresh Fish Carts	14	1	1	—	—
Fried Fish and Chips Shops	187	11	11	—	—
Fruit and vegetable shops	239	7	7	—	—
Hairdressing establishments	216	6	5	—	—
Ice Cream Premises	441	1	1	—	—
Knackers Yards	10	1	1	—	—
Markets	106	—	—	—	—
Meat Vehicles	123	2	2	—	—
Number of shops visited regarding Merchandise Marks					
Act	409	8	8	—	—
Milk Vehicles	36	—	—	—	—
Offensive Trades	23	2	2	—	—
Offices	5	—	—	—	—
Outworkers premises	219	—	—	—	—
Pet Shops	16	—	—	—	—
Premises to examine foodstuffs	1,056	—	—	—	—
Preserved food premises	68	—	—	—	—
Provision Shops	1,025	90	99	—	—
Public Houses	188	19	15	—	—
Public Conveniences	724	13	12	—	—
Rag Flock premises	25	—	—	—	—
Restaurants and other food preparation premises ...	724	28	29	—	—
Schools	25	2	2	—	—
Second-hand shops	34	1	1	—	—
Shops (under Shops Act)	370	11	11	—	—
Sites	599	49	46	—	—
Slaughterhouses	94	1	1	—	—
Smoke observations	54	3	3	—	—
Swimming baths	154	—	—	—	—
Tents, Vans, Sheds, etc.	109	2	2	—	—
Tips	44	—	—	—	—
Houses inspected for infestation by rats or mice ...	849	849	—	—	—
Houses reinspected for infestation by rats or mice ...	980	—	840	—	—
Premises other than houses inspected for infestation by rats or mice	243	243	—	—	—
Premises other than houses reinspected for infesta- tion by rats or mice	419	—	243	—	—
Rent investigations	19	—	—	—	—
Water Courses	150	—	—	—	—
Miscellaneous	844	—	—	—	—

Rodent Control

The number of complaints of rats and mice infestation received during the year was 815 and details of the inspections made as a result of these complaints are given in the following tables:—

	<i>Owned by Local Authority</i>	<i>Type of Property Dwellinghouses (including Council houses)</i>	<i>Other premises</i>	<i>Total</i>
Number of properties inspected as result of:				
(a) Notification	63	749	163	975
(b) Survey	8	51	9	68
(c) Otherwise	—	49	—	49
Total inspections carried out	184	1829	478	2491
Number of properties inspected found to be infested by:				
(a) Rats				
{ Major infestation...	—	—	1	1
{ Minor infestation...	40	639	104	783
(b) Mice				
{ Major infestation...	—	—	—	—
{ Minor infestation...	31	210	67	308
Number of infested properties treated				
by Local Authority ...	71	849	172	1092
Number of "Block" control schemes carried out ... 23				

By the end of the year, with the co-operation of owners and occupiers, successful treatments had been effected in respect of 840 houses and 243 other premises.

TREATMENT OF SEWERS AND TIPPING

The usual two campaigns have been carried out this year, each of six weeks duration. The records do not show signs of serious infestation but areas where "takes" have been recorded during previous campaigns were treated with poison baits. Test baiting in areas near docks and the waterfront was also included in the campaign.

The present method of tipping has practically eliminated

infestation of disposal areas by the careful attention to daily covering of refuse. This increases consolidation and induces high decomposition temperatures. However, regular treatment by poison baits is carried out in the vicinity of stores and buildings on the tips and on fringe areas, but infestation has been slight.

Rag Flock Thirteen samples of filling materials were taken for analysis during the year under the Rag Flock and Other Filling Materials Act, 1951, of which five consisted of rag flock, one of coir fibre, six of woollen mixture felt and one of cotton felt. One sample of rag flock and two samples of woollen mixture felt were returned as being unsatisfactory. The manufacturers of these unsatisfactory samples were warned that their filling materials were not up to standard and the Chief Public Health Inspectors of the towns where the materials were prepared were also informed of the results. Subsequent samples taken from supplies from these manufacturers were found to be satisfactory.

Fertilisers and Feeding Stuffs Four samples of fertilisers and one sample of feeding stuffs were taken for analysis. One sample of fertiliser was found to contravene the regulations slightly. The manufacturers were warned and a subsequent sample has been found to be satisfactory.

National Survey of Air Pollution Three recording stations were set up in October, 1961, located at: (1) Mount Street School, Plymouth, a site in an area of high density housing; (2) Whitleigh Secondary Modern School, a site in an area of low density housing; (3) Plymouth Market, a site in a commercial area.

Daily observations are taken at each station, those at Whitleigh being taken by senior scholars of the school, and I would again like to record my thanks to the Headmaster, the staff and the scholars concerned for their help.

It is too early to interpret the full significance of the results which have been obtained, but those from the Mount Street station show greater pollution by smoke than by sulphur di-oxide, due to smoke from domestic chimneys. This type of area would be suitable for the establishment of a smoke control area under the provisions of the Clean Air Act, 1956. The area, however, is included in the

Central Area of Comprehensive Development and the Minister of Housing and Local Government, in a memorandum on smoke control areas, has asked local authorities to avoid unnecessary expenditure on the replacement of appliances in houses which have limited lives.

The results from Whitleigh are good generally, indicating a low level of atmospheric pollution. Those from the station at the Market however, reveal a higher concentration of sulphur di-oxide and thus a lower smoke/sulphur di-oxide ratio than in the case of Mount Street. This result was expected for although the modern heating plants in the new buildings do not use solid fuel, the oil burning plants produce sulphur di-oxide although, if operated correctly, being almost smokeless.

HOUSING

1. INSPECTION OF DWELLING-HOUSES DURING THE YEAR:—

(1) (a)	Total number of dwelling-houses inspected for defects (under Public Health and Housing Acts)	...	...	3,071
(b)	Number of inspections made for the purpose	...	...	11,994
(2) (a)	Number of dwelling-houses (included in sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	...	...	232
(b)	Number of inspections made for the purpose	...	...	519
(3)	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	70
(4)	Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	...	...	1,009

2. REMEDY OF DEFECTS DURING THE YEAR WITHOUT THE SERVICE OF FORMAL NOTICES:—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	990
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3. ACTION UNDER STATUTORY POWERS DURING THE YEAR:—

(a) Proceedings under Sections 9, 10 and 12 of the Housing Act, 1957:—

(1)	Number of dwelling-houses in respect of which notices were served requiring repairs	...	...	...	...	48
(2)	Number of dwelling-houses in which defects were remedied after service of formal notices:—					
(a)	By owners	...	...	...	...	34
(b)	By Local Authority in default of owners	...	...			1

(b) Proceedings under Public Health Acts:—

(1)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	...	...	33
(2)	Number of dwelling-houses in which defects were remedied after service of formal notices:—			
(a)	By owners	...	...	37
(b)	By Local Authority in default of owners	...	...	—

(c) Proceedings under Sections 16 and 23 of the Housing Act, 1957:—

(1) Number of dwelling-houses in respect of which Demolition Orders were made	1
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	11
(3) Number of Undertakings not to use unfit houses accepted	3
(4) Number of dwelling-houses in respect of which Closing Orders were made	4
(5) Number of dwelling-houses in respect of which Closing Orders were determined	—
(6) Number of dwelling-houses in respect of which schemes to render fit accepted	2
(7) Number of dwelling-houses rendered fit following acceptance of scheme	—

(d) Proceedings under Section 18 of the Housing Act, 1957.

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	23
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or rooms having been rendered fit	3
(3) Number of separate tenements or underground rooms in respect of which schemes to render fit accepted	—

4. HOUSING ACT, 1957, PART IV—OVERCROWDING:—

(a) (1) Number of dwellings overcrowded at the end of the year	74
(2) Number of families dwelling therein	88
(3) Number of persons dwelling therein	486
(b) Number of new cases of overcrowding during the year ...	30
(c) (1) Number of cases of overcrowding relieved during the year	9
(2) Number of persons concerned in such cases	53

CLEARANCE AREAS

Representations have been made during the year in respect of houses at Bedford Cottages, Ford, King's Tamerton, and Hoegate Place, Plymouth.

The number of unfit houses involved is 18, which are included in 4 Clearance Areas. These houses provide accommodation for 15 families consisting of 38 persons who, subject to confirmation of the Orders, will have to be provided with alternative accommodation. At the time of representation, 3 of the houses were unoccupied.

CONFIRMATION OF ORDERS

The following Orders were confirmed by the Minister of Housing and Local Government during the year:—

COMPULSORY PURCHASE ORDERS

<i>Name of Order</i>	<i>Number of unfit houses</i>	<i>Number of families therein</i>	<i>Date Confirmed</i>
Gloucester Lane, 1961	5	4	16.1.62
Laira Avenue/Laira Green, 1961 ...	5	4	9.3.62
TOTALS	10	8	—

CLEARANCE ORDERS

<i>Name of Order</i>	<i>Number of unfit houses</i>	<i>Number of families therein</i>	<i>Date confirmed</i>
Beverley Road, 1961	2	2	16.1.62
Laira Avenue, 1961	2	1	16.5.62
Bedford Cottages, Ford, 1962 ...	5	4	9.11.62
TOTALS	9	7	—

Three houses (not included in the above total) were excluded by the Minister from the Laira Avenue Clearance Area and Order.

Well-maintained Payments Well-maintained payments which the Minister has directed shall be made, have been negotiated and settled with the owners' of four properties, in the total sum of £504..

Rent Act, 1957 During the year three applications were received for Certificates of Disrepair and in each of the cases the landlord's undertaking to remedy the defects proposed to be included on the Certificates of Disrepair was accepted.

Improvement Grants Applications for Improvement Grants are dealt with by the City Engineer, but all cases where grants are likely to be made are referred to the Health Department, whose responsibility it is to specify what repairs should be carried out to the property, to indemnify it against demolition and to certify that it will provide satisfactory housing accommodation for the specified periods.

During the year, 124 visits have been made to houses in connection with Standard Grants and 49 visits in respect of Discretionary Grants.

INSPECTION AND SUPERVISION OF FOOD

Bacteriological Examination of Milk

Of the 379 samples of milk taken for bacteriological examination, 377 gave satisfactory results and two samples failed the test.

The following table shows the number of samples of various descriptions of milk submitted to the Methylene Blue Test, and the results:—

METHYLENE BLUE TEST

<i>Description of Milk</i>	<i>Total Number of Samples</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Void</i>
Tuberculin Tested ... (farm bottled)	19	19	Nil	Nil
Pasteurised	296	294	2	Nil
Tuberculin Tested ... (Pasteurised)	64	64	Nil	Nil
TOTALS ...	379	377	2	Nil

Phosphatase Test

A total of 360 samples of milk (296 Pasteurised and 64 Tuberculin Tested (Pasteurised)) were obtained and submitted to the Phosphatase Test for checking the efficiency of the pasteurising process. All these samples were returned as satisfactory.

Turbidity Test

Eleven samples of sterilised milk were submitted to the Turbidity Test and all were found to be satisfactory.

Licences under the Milk (Special Designation) Regulations, 1960

The following table shows the number of licences to use the various designations applied to milk, issued during the year.

<i>Description of Licence</i>	<i>Number Issued</i>
Dealer's Sterilised and/or Pasteurised and/or Tuberculin Tested Licences	12
TOTAL	12

**Chemical
Analysis
of Milk**

Twelve samples of Pasteurised Milk, 11 samples of Tuberculin Tested Pasteurised Milk, 13 samples of Pasteurised (Channel Island) Milk and 4 samples of Sterilised Milk were obtained for analysis. All the samples were returned as genuine.

Ice Cream

The number of applications for registration of premises for the sale of loose and pre-packed ice cream was 14.

**Bacteriological
Examination
of Samples
of Ice Cream**

During the year, 49 samples of ice cream were submitted to the form of Methylene Blue Test prescribed by the Ministry of Health. The table below gives the results of these tests:

<i>Grade</i>	<i>Hot Mix</i>	<i>Cold Mix</i>	<i>Totals</i>
Grade 1. Time taken to reduce methylene blue— $4\frac{1}{2}$ hours or more	37	Nil	37
Grade 2. Time taken to reduce methylene blue— $2\frac{1}{2}$ to 4 hours	10	Nil	10
Grade 3. Time taken to reduce methylene blue— $\frac{1}{2}$ to 2 hours	2	Nil	2
Grade 4. Time taken to reduce methylene blue—0 hours	Nil	Nil	Nil
TOTALS	49	Nil	49

Of the 49 samples of "Hot Mix," 11 were pre-packed, 9 of which were placed in Grade 1, and 2 in Grade 2.

**Chemical
Analysis
of Ice Cream**

During the year, 5 samples of ice cream were taken and submitted to chemical analysis. All the samples were returned as genuine. The results are given in the following table:—

<i>Sample No.</i>	<i>Total Fat</i>	<i>Sample No.</i>	<i>Butter Fat</i>	<i>Sample No.</i>	<i>Non-fatty Milk solids</i>	<i>Sample No.</i>	<i>Total solids</i>	<i>Sample No.</i>	<i>Sugar</i>
2	11.3%	—	Not stated	3	14.9%	4	40.4%	4	16.6%
4	11.0%	—	do.	1	11.6%	2	38.7%	2	13.6%
1	9.7%	—	do.	2	10.9%	1	36.4%	1	13.5%
3	8.8%	—	do.	4	9.9%	3	34.5%	5	11.0%
5	5.5%	—	do.	5	9.3%	5	28.6%	3	10.2%
Average	9.26%	—	do.	—	11.32%	—	35.72%	—	12.98%

FOOD AND DRUGS

Adulteration The various samples of food and drugs submitted for analysis during the year are classified in the following table, together with the number of the various articles which were found to be adulterated:

	<i>Official Samples</i>		<i>Informal Samples</i>		<i>Total No.</i>
	<i>Genuine</i>	<i>Adulterated</i>	<i>Genuine</i>	<i>Adulterated</i>	
Aspirin tablets	—	—	4	—	4
Beef curry and rice ...	—	—	1	—	1
Brandy	—	—	1	—	1
Butter	—	—	4	—	4
Castor oil	—	—	4	—	4
Cheese spread	—	—	4	—	4
Chicken curry and rice ...	—	—	1	—	1
Clotted cream	—	—	4	—	4
Coffee	—	—	4	—	4
Condensed full cream milk	—	—	4	—	4
Cordials	—	—	7	—	7
Custard powder	—	—	4	—	4
Fish paste	—	—	2	—	2
Flavourings	—	—	4	—	4
Food preservative	—	—	1	1	2
Gin	—	—	1	—	1
Ground almonds	—	—	4	—	4
Ground spice	—	—	4	—	4
Honey	—	—	4	—	4
Ice-cream	—	—	5	—	5
Jam	—	—	4	—	4
Lemon essence	—	—	1	—	1
Margarine	—	—	4	—	4
Marzipan	—	—	4	—	4
Malt vinegar	—	—	4	—	4
Meat paste	—	—	5	—	5
Minced chicken	—	—	1	—	1
Olive oil	—	—	4	—	4
Pasteurised milk	12	—	—	—	12
Pasteurised tuberculin tested milk	11	—	—	—	11
Pasteurised Channel Island milk	13	—	—	—	13
Rum	—	—	1	—	1
Sterilised milk	4	—	—	—	4
Table jelly	—	—	4	—	4
Whiskey	—	—	1	—	1
TOTALS	40	—	100	1	141

During a visit by the Senior Food and Drugs Inspector to a mineral water factory in Plymouth it was noticed that the contents of a bottle labelled "Preservative" was being used in connection with the manufacture of mineral waters. Upon the label the contents were described as the finest preservative for beverages, etc., but there was no indication as to the nature of the preservative or of the percentage of preservative in the liquid, which appeared to be a contravention of the Preservatives in Food Regulations. A sample of the liquid was sent to the public analyst who reported that the preservative present was sulphur di-oxide.

A letter was sent to the firm manufacturing the preservative, and to the Chief Public Health Inspector of the area in which their premises were situated. The firm explained that preservative was manufactured both for home and overseas markets, that in the case of the latter markets, in most instances there were no regulations controlling the labelling of the products, and that it appeared that an export pack had been wrongly delivered to the Plymouth customer. The firm was cautioned and a subsequent sample revealed that the preservative and the label complied with the regulations.

Slaughterhouses and Meat Inspection Details of the number of animals killed in the Plymouth Area and the number of carcasses of home-killed meat dealt with from other centres are shown in the following tables:

			<i>Slaughtered in Plymouth Area</i>	<i>Received from other centres</i>	<i>Totals</i>
Bovines ...	...	...	11,285	2,451	13,736
Calves ...	...	...	785	215	1,000
Sheep ...	...	...	12,825	19,243	32,068
Pigs ...	...	...	6,174	25,771	31,945
			<hr/> 31,069 <hr/>	<hr/> 47,680 <hr/>	<hr/> 78,749 <hr/>

The increase of 7,210 animals slaughtered during the year is mainly due to the policy of the Fatstock Marketing Corporation of slaughtering sheep, pigs and some cattle for export to other centres, namely London and Portsmouth.

The total weight of meat and offal condemned during the year from animals killed inside and outside the City was 73 tons 4 cwts. 3 qtrs. 13 lbs.

Details of the number of whole carcasses condemned and of carcasses of which some part or organ was condemned are shown in the table which follows:

	<i>Cattle excluding Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>	<i>Horses</i>
Number killed ...	6,126	5,159	785	12,825	6,174	—
Number inspected ...	6,985	6,751	1,000	32,068	31,945	—
<i>All diseases except Tuberculosis and Cysticerci: Whole carcasses condemned</i>	25	38	57	121	25	—
Carcasses of which some part or organ was condemned ...	1,357	3,337	6	1,115	717	—
Percentage of the num- ber inspected affected with disease and other conditions, excluding Tuberculosis and Cysticerci ...	19.79%	49.99%	6.3%	3.85%	2.35%	—

<i>Tuberculosis only</i> Whole carcasses con- demned ...	—	3	1	—	—	—
Carcasses of which some part or organ was condemned ...	38	41	6	—	41	—
Percentage of the num- ber inspected affected with Tuberculosis ...	.54%	.65%	.7%	—	.13%	—

	<i>Cattle excluding Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>	<i>Horses</i>
CYSTICERCOSIS Carcases of which some part or organ was condemned	26	15	—	—	—	—
Carcases submitted to treatment by refriger- ation	26	15	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

Tuberculosis There is no significance in the slightly increased average percentage of tuberculosis in adult cattle, viz., .73%, as compared with .55% in 1961. The abattoir continues to be used by the Ministry of Agriculture, Fisheries and Food as a centre for the slaughtering of re-actor cattle, and on two days in July, thirty infected adult cattle, out of a total of seventy-nine cases diagnosed during the year, were from re-actor cattle. The whole of the incidence in calves is due to re-actor cases diagnosed on these two days.

Diseases of Animals Acts It was necessary only on one occasion during the year to seek the services of a Veterinary Officer of the Ministry of Agriculture, Fisheries and Food. This was in respect of a pig slaughtered as a casualty which on post-mortem examination was found to have acute septicaemic lesions, with classic petechiation in all sites, including the skin, and suggestive of Swine fever. There was no bowel ulceration, however, and it was eventually established that the animal had not been suffering from the disease.

**Unsound
Foodstuffs**

The following summary indicates the quantity of foodstuffs examined and found to be unfit for food:—

TINNED GOODS					<i>Tons</i>	<i>Cwts.</i>	<i>Qrs.</i>	<i>Lbs.</i>
Meat	...	...	...	...	1	16	0	8
Ham	...	...	...	...	—	17	3	24
Fish	...	...	...	...	—	4	3	0
Milk	...	...	...	...	—	5	3	25
Soup	...	...	...	...	—	3	1	24
Fruit	...	...	...	...	2	14	3	9
Vegetables	...	...	...	...	1	3	1	7
Jams and Marmalade	...	...	...	...	—	6	1	10
Cream	...	...	...	...	—	—	—	14
PROVISIONS					<i>Tons</i>	<i>Cwts.</i>	<i>Qrs.</i>	<i>Lbs.</i>
Dried Vegetables	...	...	...	...	—	—	3	3
Fresh Vegetables	...	...	...	...	3	1	3	15
Fresh fruit	...	...	...	...	—	—	2	14
Dried fruit	...	...	...	...	—	1	0	10
Flour	...	...	...	...	—	—	—	23
Cereals	...	...	...	...	—	—	1	11
Biscuits	...	...	...	...	—	4	1	12
Sweets and Chocolate	...	...	...	...	—	—	2	14
Cheese	...	...	...	...	—	4	3	17
Cakes and Cake Mixture	...	...	...	...	—	—	2	19
Butter	...	...	...	...	—	2	2	1
Poultry	...	...	...	...	—	6	3	11
Miscellaneous	...	...	...	...	1	16	2	20
Tea	...	...	...	...	—	—	—	20
MEAT PRODUCTS					<i>Tons</i>	<i>Cwts.</i>	<i>Qrs.</i>	<i>Lbs.</i>
Bacon and Ham	...	...	...	...	—	13	1	0
Sausages and Sausage Meat	...	...	...	...	—	6	0	15

**Fish
Inspection**

The following summary indicates the quantity of fish, smoked fish and other varieties examined during the year, and the quantity found to be unfit for food:—

	<i>Tons</i>	<i>Cwts.</i>	<i>Qrs.</i>	<i>Lbs.</i>
QUANTITY OF FISH INSPECTED	1250	17	1	0
Quantity of mixed fish found to be unfit for human consumption	5	18	0	15
Quantity of smoked fish found to be unfit for human food	—	1	0	21

Other varieties:

Crabs	...	...	...	...	...	21
Fish Cakes	...	...	...	...	...	29 dozen
Escallops	...	...	...	...	...	17 dozen
Queens	...	...	...	...	...	4 kits

**Inspection of
Other Food
Premises.**

The following table gives details of the number and type of the various food premises within the City, together with the number of inspections made and action taken as a result of these inspections:—

<i>Type of premises</i>	<i>Number</i>	<i>Inspec- tions made</i>	<i>Notices served</i>	<i>Notices Complied with</i>
<i>Registered under Section 16 of the Food and Drugs Act, 1955:</i>				
For sale, manufacture or storage of ice cream	848	441	1	1
Shops for preparation and sale of fried fish and chips	76	187	11	11
For preparation or manu- facture of sausages or potted, pressed, pickled or preserved food	205	792	28	29
Restaurants and hotel kitchens	247			
Factories for food prepara- tion and food ware- houses (other than re- gistered premises) ...	46			
Butchers	206	1,072	56	53
Bakehouses	58	169	9	9
Fresh Fish Shops (other than registered pre- mises)	46	146	5	5
General provision shops, greengrocers' shops, con- fectionery shops, etc. ...	739	2,320	97	106
Public Houses and Off License Premises	267	188	19	15
Dairies and premises licen- sed to sell milk (regis- tered under The Milk (Special Designation) Regulation, 1960 ...	361	174	2	2
Food Vehicles	—	189	3	3

Merchandise Marks Act During the year, 409 visits were made to shops and stalls regarding the marking of produce under the Merchandise Marks Act and the occupiers cautioned in those instances where the Act was not being complied with.

Educational Activities Talks to student nurses and women's organisations on the various aspects of food hygiene have continued during the year.

Contamination of Food Approximately 25% of the complaints received regarding foodstuffs sold to the public were in respect of foods affected with mould. The majority of this class of complaint arose by reason of the failure of the retailer to sell the goods in the same sequence as they were received from the wholesaler, and the occupiers of the premises concerned were warned and advised in this connection.

Food Hygiene (General) Regulations Despite previous warnings, during the year it was found necessary to institute legal proceedings against five occupiers of food stalls in the Market for smoking whilst handling open food. A fine of £2 was inflicted in each case. In addition, a warning letter was sent to an employee at a butcher's shop for smoking in a food preparation room.

Infectious Diseases

The following pages give tables showing the occurrence of notifiable infectious diseases in 1962 with observations on certain of the diseases.

Incidence Table 1, on page 70a, shows the number of notifications received during 1962 for each disease classified by age groups.

Table 2, on page 70b, shows the quarterly and sex incidence of infectious diseases during 1962.

Table 3, on page 72, shows the number of cases of infectious diseases notified during 1962 with comparative figures for the previous four years.

Mortality Table 4, on page 73, gives the number of deaths due to Diphtheria, Scarlet Fever, Measles and Whooping Cough in Plymouth in the years since 1921. There have been no deaths due to these diseases since 1959.

Hospital Admissions Table 5, on page 74, shows the number of Plymouth residents admitted to the Scott Hospital by reason of infectious disease.

GENERAL OBSERVATIONS

There were 1,251 notifications of infectious diseases during 1962 including 610 cases of measles. Most of these measles cases occurred in the last month of two or the year and represent an early start to the epidemic to be expected in 1963.

Dysentery (almost entirely due to Sh. Sonnei) was prevalent, the number of cases, 315, being the highest notified in any one year. Some of this increase is due to better ascertainment; a more comprehensive enquiry now made into a notified case often brings to light one or two other associated cases which are then notified. Seventy-seven per cent of the cases occurred in children under 10 years of age and the incidence was particularly high in school-children in the northern and north-western suburbs of the city.

TABLE 1.
INFECTIOUS DISEASES NOTIFIED 1962—BY AGE GROUPS.

DISEASE	<i>Under 1 Year</i>	<i>1-2 Years</i>	<i>2-3 Years</i>	<i>3-4 Years</i>	<i>4-5 Years</i>	<i>5-10 Years</i>	<i>10-15 Years</i>	<i>15-20 Years</i>	<i>20-25 Years</i>	<i>25-35 Years</i>	<i>35-45 Years</i>	<i>45-65 Years</i>	<i>65 Years and Over</i>	<i>Total All Ages</i>
	<i>No.</i>	<i>No.</i>	<i>No.</i>	<i>No.</i>	<i>No.</i>	<i>No.</i>	<i>No.</i>	<i>No.</i>	<i>No.</i>	<i>No.</i>	<i>No.</i>	<i>No.</i>	<i>No.</i>	
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	17	21	27	25	22	123	28	7	5	21	7	9	3	315
Encephalitis	—	—	—	—	—	1	—	1	—	—	—	—	—	2
Erysipelas	1	—	—	—	—	1	—	—	—	1	3	10	6	22
Food Poisoning	4	1	—	—	1	3	1	4	3	2	5	5	2	31
Measles	23	57	69	89	73	263	26	4	2	2	—	2	—	610
Meningococcal Infections	—	—	—	—	—	—	1	—	2	—	—	—	—	3
Ophthalmia Neonatorum	42	—	—	—	—	—	—	—	—	—	—	—	—	42
Paratyphoid	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	3	3	—	2	2	4	2	2	4	2	3	19	22	68
Poliomyelitis and Polioencephalitis	—	—	1	—	—	—	—	—	—	—	—	—	—	1
Puerperal Pyrexia	—	—	—	—	—	—	—	9	19	17	3	—	—	48
Scarlet Fever	—	—	2	2	7	21	5	2	1	—	—	—	—	40
Typhoid	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Typhus	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	15	9	6	6	8	23	—	—	—	1	—	—	—	68
TOTALS	105	91	105	124	113	439	63	29	36	47	21	45	33	1,251

TABLE 2.
QUARTERLY INCIDENCE OF INFECTIOUS DISEASES—PLYMOUTH—1962

DISEASE	JANUARY TO MARCH			APRIL TO JUNE			JULY TO SEPTEMBER			OCTOBER TO DECEMBER			TOTALS FOR YEAR		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	9	2	11	40	43	83	62	61	123	45	53	98	156	159	315
Encephalitis	—	—	—	—	1	1	1	—	1	—	—	—	1	1	2
Erysipelas	2	3	5	1	5	6	1	3	4	2	5	7	6	16	22
Food Poisoning	4	1	5	3	3	6	5	6	11	6	3	9	18	13	31
Measles	36	78	114	8	19	27	6	7	13	233	223	456	283	327	610
Meningococcal Infections ...	1	—	1	1	1	2	—	—	—	—	—	—	2	1	3
Ophthalmia Neonatorum ...	15	5	20	9	6	15	4	3	7	—	—	—	28	14	42
Paratyphoid	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	15	13	28	6	4	10	4	4	8	10	12	22	35	33	68
Poliomyelitis	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1
Puerperal Pyrexia	—	13	13	—	11	11	—	7	7	—	17	17	—	48	48
Scarlet Fever	7	8	15	3	3	6	5	1	6	8	5	13	23	17	40
Typhoid	—	—	—	—	—	—	—	—	—	1	—	1	1	—	1
Whooping Cough	4	9	13	7	11	18	7	9	16	13	8	21	31	37	68
TOTALS	93	133	226	78	107	185	95	101	196	318	326	644	584	667	1,251

Only one case of poliomyelitis was confirmed. This was a 2 years old unimmunised child who suffered some paralysis.

During the year there appeared to be considerably more cases of chickenpox and German measles than is usual, but as these diseases are not notifiable, the exact incidence is not known. In the case of German measles there was a general awareness that an attack of the disease in a woman in the early months of pregnancy may in some cases affect the unborn child and there were many demands on the Public Health Laboratory Service for supplies of special serum to prevent the disease developing in such women who were contacts of the disease and were liable to develop it because they were not protected by a previous attack. As second attacks of this disease are very rare, it seems advantageous for girls to have a well-authenticated attack of German measles before the child-bearing age.

TABLE 3

CASES NOTIFIED IN THE CITY DURING THE PAST FIVE YEARS

<i>Disease</i>	<i>1962</i>	<i>1961</i>	<i>1960</i>	<i>1959</i>	<i>1958</i>
Diphtheria	—	—	1	3	6
Dysentery	315	93	296	80	75
Encephalitis	2	2	1	3	1
Erysipelas	22	15	23	27	23
Food Poisoning	31	14	25	25	23
Measles	610	4,485	64	3,918	817
Meningococcal Infections...	3	7	4	2	7
Ophthalmia Neonatorum...	42	5	5	2	—
Paratyphoid	—	—	2	2	—
Pneumonia	68	111	99	164	159
Poliomyelitis and Polioencephalitis ...	1	5	12	2	51
Puerperal Pyrexia ...	48	22	53	75	82
Scarlet Fever	40	70	200	263	61
Smallpox	—	—	—	—	—
Typhoid	1	—	—	—	—
Typhus	—	—	—	—	—
Whooping Cough	68	284	202	77	467

TABLE 4
MORTALITY FROM CERTAIN INFECTIOUS DISEASES
PLYMOUTH 1921-1962

YEAR	<i>Diphtheria</i>	<i>Measles</i>	<i>Scarlet Fever</i>	<i>Whooping Cough</i>
	<i>No. of Deaths</i>	<i>No. of Deaths</i>	<i>No. of Deaths</i>	<i>No. of Deaths</i>
1921-1930 Average	20	21	3	14
1931-1940 Average	29	8	2	10
1941 ...	28	12	—	11
1942 ...	16	1	—	2
1943 ...	10	8	—	8
1944 ...	4	1	—	1
1945 ...	6	1	—	3
1946 ...	2	1	—	4
1947 ...	2	9	—	2
1948 ...	1	—	—	2
1949 ...	1	1	—	5
1950 ...	—	—	—	3
1951 ...	—	2	—	3
1952 ...	1	—	—	2
1953 ...	—	—	—	3
1954 ...	—	—	—	—
1955 ...	—	—	—	1
1956 ...	—	—	—	—
1957 ...	—	—	—	—
1958 ...	—	—	—	—
1959 ...	—	1	—	1
1960 ...	—	—	—	—
1961 ...	—	—	—	—
1962 ...	—	—	—	—

TABLE 5

ISOLATION HOSPITAL, PLYMOUTH

ADMISSIONS—PLYMOUTH RESIDENTS—1962

NOTIFIABLE (INFECTIOUS) DISEASES ONLY

					<i>Admitted</i>	<i>Confirmed</i>
Diphtheria	...	...	...	...	5	—
Dysentery	...	...	...	...	33	18
Encephalitis	...	...	...	...	2	2
Erysipelas	...	...	...	...	6	6
Food Poisoning	...	...	...	...	10	9
Measles	...	...	...	...	2	1
Meningococcal Infections	...	...	...	...	11	2
Pneumonia	...	...	...	...	31	9
Poliomyelitis	...	...	...	...	2	1
Scarlet Fever	...	...	...	...	6	4
Typhoid Fever	...	...	...	...	2	1
Whooping Cough	...	...	...	...	4	3

DEATHS — PLYMOUTH RESIDENTS, 1962

No deaths from infectious diseases occurred in the hospital during the year.

Forty-four deaths from other causes took place.

IMMUNISATION AND VACCINATION

The numbers accepting immunisation against the various diseases continued at a fairly satisfactory level during 1962 though falling below those recorded in 1961 which was an unusually successful year. An exception was vaccination against smallpox for which there was a very heavy demand following the occurrence of cases elsewhere in the country in the early part of the year. For a few weeks it was necessary to provide special clinic sessions for those seeking vaccination to avoid undue interference with the routine immunisation of babies and young children.

Immunisation against Diphtheria (Tables B and C.)
3,029 primary courses of immunisation were completed which shows a reduction of 820 compared with 1961. Though this fall in acceptance is disappointing it must be appreciated that 1961 was an exceptionally good year, especially with school children who had missed immunisation in infancy, 750 of whom were immunised for the first time in that year.

Immunisation against Whooping Cough (Table D.)
This immunisation is usually combined with the primary course of diphtheria immunisation and also shows a comparable reduction in 1962 to 2,710.

Immunisation against Tetanus Immunisation against this disease is usually included with the primary course of immunisation against diphtheria in babies and for the past three years primary or reinforcing courses have also been offered to school children. During 1962, 4,700 infants and school children were given primary courses or reinforced to maintain adequate protection. A substantial part of the child population is now immunised and information on an individual's state of protection is readily available from the central record office. This information can be extremely valuable to a doctor dealing with an injury in a child in which tetanus is a potential danger and may often save the precautionary administration of anti-tetanus serum which is liable to cause severe reactions and complications.

**Vaccination
against
Smallpox**

(Tables E and F.)

Outbreaks of smallpox in Yorkshire and Wales led to an increased demand for vaccination in Plymouth. 7,280 primary vaccinations and 6,085 revaccinations were performed, compared with 2,530 and 308 respectively in 1961. But for a scarcity of lymph the number would have been considerably more.

Infant vaccinations reached 66.6% of the births, the highest proportion since before the war.

For many years the third or fourth month of life has been recommended as the best time to vaccinate a thriving baby. The Standing Medical Advisory Committee now considers that statistics in recent years suggest that any risk associated with vaccination is somewhat less above the age of 1 year than below it and recommends vaccination preferably in the second year of life starting in 1963. Vaccination will, therefore, take its place at the end of the vaccination programme instead of the beginning. The number vaccinated in 1963 can be expected to be much reduced as vaccinations which would previously have taken place at 3 months of age will be deferred until the infants reach the age of 12 months or more. It is hoped that this change will not cause a falling off in the acceptance rate and that the figures for 1964 will again show the slow but steady improvement which has been noticed in the past ten years.

**Vaccination
against
Poliomyelitis**

(Table G.)

The introduction of a safe oral vaccine which became generally available early in 1962 is an outstanding advance in the prevention and possibly the elimination of this disease. There is no doubt that the inactivated vaccine (Salk), originally used, has been highly successful in protecting against poliomyelitis, but the new oral vaccine (Sabin) not only obviates the discomfort of three or more injections, but should be even more effective in prevention. During a transitional period in 1962 both vaccines were in use, but by the end of the year the oral vaccine had almost entirely supplanted the Salk vaccine.

All persons up to 40 years of age are eligible for vaccination, but more than half of those aged 20–40 years are still unvaccinated. It seems that only the occurrence of cases of poliomyelitis which fortunately has not happened in the past two or three years acts as a spur to seek vaccination. However, poliomyelitis vaccination has now taken its place in the schedule of immunisations during the first year of life and about sixty per cent of babies are immunised. An appreciable number of school children who missed vaccination in infancy are now accepting vaccination and in time a population with a substantial degree of immunity to poliomyelitis should be built up.

From the commencement in 1956 of vaccination against poliomyelitis, 69,176 persons have been given a primary course of two injections and 56,612 of these have received the third reinforcing injection. 12,792 children in the 5–12 age group, have received the fourth reinforcing injection.

Since the introduction of oral vaccine in March 1962, 2,767 persons have been given a primary course of three doses, 1,753 and 1,136 persons have received a third and fourth reinforcing dose respectively, after previous injections with Salk type vaccine, the latter group being between the ages of 5 and 12 years.

Vaccination
against
Yellow Fever

333 persons requiring vaccination and certificates for travel to yellow fever areas were immunised during the year.

TABLE B
SHOWING THE NUMBER OF CASES AND DEATHS FROM DIPHTHERIA IN THE PAST 5 YEARS AND THE PRIMARY IMMUNISATIONS PERFORMED IN EACH YEAR

Year	Total Births	Diphtheria, Total of		Primary Diphtheria Immunisations			Popula- tion	Attack Rates per 1,000 popu- lation
		Cases	Deaths	Ages 0–4	Ages 5–15	Total No. 0–15		
1958	3,652	6	—	2,245	260	2,505	216,300	0.03
1959	3,655	3	—	2,658	359	3,017	216,300	0.01
1960	3,683	1	—	2,630	668	3,298	216,470	0.00
1961	3,706	—	—	3,080	769	3,849	212,780	—
1962	3,757	—	—	2,647	382	3,029	209,900	—

TABLE C
DIPHTHERIA IMMUNISATION, 1962

	CHILDREN BORN IN YEARS							
	1962	1961	1960	1959	1958	1953	1948	Total
						1957	1952	
A. Number of children who completed a full course of Primary Immunisation in the Authority's area (including temporary residents) during the year ended 31st December, 1962	752	1,609	167	69	50	306	76	3,009
B. Number of children who received a secondary (reinforcing) injection (i.e., subsequently to a primary immunisation at an earlier age) during the year ended 31st December, 1962	—	94	183	42	94	1,516	1,063	2,936

TABLE D—WHOOPING COUGH

<i>Protective Inoculations given (primary course)</i>							
1955	1956	1957	1958	1959	1960	1961	1962
2,148	1,976	2,232	2,141	2,747	2,993	3,231	2,710

TABLE E—VACCINATION AGAINST SMALLPOX

<i>Number of Persons Vaccinated (or re-vaccinated) during period 1962</i>						
Age at date of Vaccination	Under 1	1	2-4	5-14	15 or over	Total
Number Vaccinated ...	2,501	54	574	1,571	2,580	7,280
Number Re-vaccinated	3	1	126	1,324	4,631	6,085

TABLE F—VACCINATION AGAINST SMALLPOX

<i>Year</i>	<i>Births</i>	<i>Primary vaccinations (all ages)</i>	<i>Percentage of Children vaccinated (under 1 year of age)</i>	<i>Re- vaccinations (all ages)</i>
1944	3,016	1,663	55.14	85
1945	3,752	1,803	48.05	39
1946	3,947	1,890	47.88	74
1947	4,490	1,972	43.92	6
1948 (to 4.7.48) ...	2,223	1,001	45.48	—
1948 (from 5.7.48) ...	1,813	322	17.76	69
1949	3,769	1,432	30.5	278
1950	3,534	1,691	33.5	398
1951	3,622	1,975	40.2	832
1952	3,487	1,836	42.9	475
1953	3,643	1,869	40.0	297
1954	3,580	1,692	40.8	239
1955	3,536	1,942	48.3	224
1956	3,526	1,711	42.7	264
1957	3,615	2,123	49.4	238
1958	3,652	2,127	51.3	220
1959	3,655	2,311	53.9	289
1960	3,683	2,601	55.1	317
1961	3,706	2,530	56.6	308
1962	3,757	7,280	66.57	6,085

TABLE G
POLIOMYELITIS VACCINATION, 1962

	<i>Children born in 1962</i>	<i>Children born in 1961</i>	<i>Children and Young Persons born in years 1943/1960</i>	<i>Young Persons born in years 1933/1942</i>	<i>Others</i>	<i>Total for Year</i>
Primary Course ... (2 Salk injections)	48	925	445	240	200	1,858
Primary Course ... (3 Oral)	155	853	718	402	639	2,767
Reinforcing 3rd ... (Salk injection)	1	1,190	1,273	926	1,208	4,598
Reinforcing 3rd ... (Oral)	—	454	732	262	305	1,753
Reinforcing 4th ... (Salk injection)	—	58	632	4	6	700
Reinforcing 4th ... (Oral)	—	22	1,109	—	5	1,136

Prevention of Illness Care and After-Care

(A) TUBERCULOSIS

VITAL STATISTICS

Notifications The number of notified cases of tuberculosis for the year amounted to 100, consisting of 90 respiratory and 10 other forms of tuberculosis. This figure shows a decrease of 70 respiratory and 5 non-respiratory cases compared with the previous year.

TABLE 1.

AGE AND SEX ANALYSIS OF NOTIFIED CASES OF TUBERCULOSIS
IN 1962

<i>Age Groups</i>	<i>Respiratory</i>		<i>Non-Respiratory</i>	
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
0- 5	—	—	1	1
6-15	4	7	—	—
16-25	13	3	1	—
26-35	10	5	—	1
36-45	7	7	—	1
46-55	14	2	—	1
56-65	11	1	2	—
66 and over ...	4	2	—	2
TOTALS ...	63	27	4	6

TABLE 2
NOTIFICATIONS AND DEATHS FROM TUBERCULOSIS
FOR THE YEARS 1953-1962

<i>Year</i>	<i>Notifications</i>		<i>Deaths (Total)</i>		<i>Deaths in non-notified persons</i>	
	<i>Resp.</i>	<i>Non- Resp.</i>	<i>Resp.</i>	<i>Non- Resp.</i>	<i>Resp.</i>	<i>Non- Resp.</i>
1953	228	36	44	5	11	3
1954	230	25	30	3	4	2
1955	231	19	41	2	3	—
1956	228	17	27	2	3	2
1957	176	21	16	3	2	2
1958	143	16	21	1	4	—
1959	154	14	13	—	1	—
1960	141	10	19	—	1	—
1961	160	15	22	—	4	—
1962	90	10	14	—	2	—

Deaths

During 1962, tuberculosis was registered as the cause of death in 14 cases, two of which were notified posthumously. These figures show a decrease of eight compared with the number of deaths in 1961.

Clinic Register

An analysis of the number of patients on the 'live' Chest Clinic Register at the end of the year is shown in Table 3.

TABLE 3

	<i>Males</i>	<i>Females</i>	<i>Children</i>	<i>Totals</i>
Respiratory Tuberculosis ...	941	673	221	1,835
Non-Respiratory Tuberculosis ...	35	59	13	107
Totals ...	976	732	234	1,942

CHEST CLINIC AND HOSPITAL WORK

Attendances 4,846 new cases were investigated during the year.
 Of these, 1,707 were referred direct to the Out-Patient clinics, the remainder being examined at the open X-ray sessions. In addition there were 7,148 attendances of old cases and 837 contacts were examined.

TABLE 4
ANALYSIS OF CLINIC ATTENDANCES

<i>Year</i>	<i>Total Attendances</i>	<i>New cases referred</i>		<i>New Contacts</i>	<i>Re- Attendances</i>
		<i>Clinic</i>	<i>G.P.X-ray</i>		
1956	17,745	1,627	3,609	757	11,752
1957	18,167	1,030	4,471	1,076	11,590
1958	14,711	1,129	4,052	881	8,649
1959	15,162	1,197	4,425	948	8,592
1960	13,924	1,059	3,957	876	8,032
1961	13,794	1,861	3,634	926	7,373
1962	12,831	1,707	3,139	837	7,148

Case Finding The main methods by which new cases are discovered are analysed in Table 5.

TABLE 5

SOURCES OF NOTIFIED CASES OF RESPIRATORY TUBERCULOSIS
(Percentage of total notified cases shown in brackets)

<i>Year</i>	<i>M.M.R.</i>	<i>Clinic</i>	<i>G.P. X-ray</i>	<i>Contacts</i>	<i>School Medical Service</i>	<i>Other Hospitals</i>
1955	50 (21.7)	102 (44.2)	11 (4.7)	29 (12.5)	—	39 (16.9)
1956	46 (20.1)	72 (31.6)	48 (21.1)	37 (16.2)	—	25 (11.0)
1957	43 (24.4)	60 (34.1)	26 (14.8)	21 (11.9)	2 (1.1)	24 (13.7)
1958	32 (22.4)	43 (30.0)	21 (14.7)	14 (9.8)	1 (0.7)	32 (22.4)
1959	23 (14.9)	60 (39.0)	17 (11.1)	14 (9.1)	5 (3.2)	35 (22.7)
1960	35 (24.8)	49 (34.7)	11 (8.0)	15 (10.6)	1 (0.7)	30 (21.2)
1961	28 (17.5)	67 (41.9)	10 (6.2)	15 (9.4)	2 (1.2)	38 (23.8)
1962	29 (32.2)	38 (42.2)	7 (7.8)	4 (4.5)	— (—)	12 (13.3)

TABLE 6

FINDINGS IN TUBERCULIN POSITIVE SCHOOL LEAVERS

<i>Year</i>	<i>Number of children aged 14-15</i>	<i>Number tested with Tuberculin</i>	<i>Tuberculin Positive</i>	<i>Positive Reactors with active T.B.</i>	<i>Active T.B. in contacts of Positive Reactors</i>
1958	3,343	1,955	210 (12.2%)	1	—
1959	3,198	1,889	177 (9.4%)	5	—
1960	3,740	2,290	166 (7.2%)	1	4
1961	3,671	2,158	145 (6.7%)	2	2
1962	3,282	2,226	127 (5.7%)	—	—

The percentage of tuberculin positive reactors in the child population gives a good indication of the extent of infectious tuberculosis in this area and continues to decline.

HOSPITAL TREATMENT

The number of admissions and discharges at the two hospitals admitting cases of tuberculosis are given in Table 7.

TABLE 7
HOSPITAL TREATMENT
ADMISSIONS AND DISCHARGES

	<i>Total Beds</i>		<i>Total Cases</i>	<i>Tuberculous</i>	<i>Non- Tuberculous</i>
Didworthy Chest Hospital	94*	Admissions Discharges Deaths	142 142 16	87 100 6	55 42 10
Mount Gold Hospital	25	Admissions Discharges Deaths	119 99 17	75 65 4	44 34 13

* As from 2.11.62

Admissions for respiratory tuberculosis during the last three years are shown below:—

1960	...	...	205
1961	...	...	199
1962	...	...	162

TABLE 8
RESISTANT ORGANISMS IN NEW CASES

<i>Year</i>	<i>Total No. Notified</i>	<i>No. Sputum Positive</i>	<i>No. Infected with Resistant Strains</i>
1958	143	58	2
1959	154	35	—
1960	141	47	1
1961	160	48	1
1962	90	35	—

Chronic Sputum Positive Cases These patients are few in number and are closely supervised by the Health Visitor.

The number on 31st December, 1962, was eight. This is two fewer than in 1961.

**B.C.G.
Vaccination**

The following table shows the number of cases vaccinated against tuberculosis in 1962:—

TABLE 9

School children (under 14)	...	1,921
School children (over 14)	... ..	177
Contacts	... ..	406

Re-Housing

The Housing Committee co-operate in the re-housing of patients found to be living in unsatisfactory conditions.

To the 39 cases awaiting re-housing on 31st December, 1961, were added a further 21 recommended by the Medical Officer of Health. 18 families were re-housed, leaving 42 still to be re-housed on 31st December, 1962.

**Voluntary
Organisations**

During the year the Plymouth Tuberculosis Care and After-Care Voluntary Committee decided to enlarge the scope of its activities to include aid to all patients attending the Chest Clinic. In this way, while continuing to act as agent of the Local Authority for the welfare of the tuberculosis patient, and for which service a grant of £600 was maintained, the Committee was able to assist patients suffering from other chest ailments. In view of this wider field of service, it was also decided that the Committee be known as the Plymouth Chest Clinic Patients' Care Committee.

Expenditure for the year amounted to £1,479, of which sum £1,178 was devoted directly to the assistance of patients and grants to hospitals. As in previous years the majority of applications was in respect of clothing and bedding, food grants, fuel and light bills, and convalescent treatment. Cheap milk was granted to patients, an item accounting for expenditure amounting to £627, and amenities were also provided for Didworthy and Mount Gold Hospitals.

(B) OTHER ILLNESS

Health Education

During 1962 health education continued to be an integral part of the day-to-day work of the department. Whilst the normal talks to women's organisations and to mothers at clinics and senior children at schools were a frequent part of the work of health visitors and others, special efforts were made to give widespread emphasis to two particular aspects of this subject, as follows:—

Prevention of accidents in the home.

Additional publicity was given by the increased use of posters and leaflets, by lectures, and by advice in the home, where necessary, by those members of the staff whose duties include calling on members of the public. A special effort was directed to ensuring that our Home Helps were thoroughly aware of their duties in this connection.

Smoking and lung cancer.

During the period May to August, 1962, the publicity given to this aspect of health education was greatly increased. 1,200 Ministry of Health posters were exhibited on public hoardings during this time and a further 850 appeared in, amongst other places, H.M. Dockyard, Post Offices, the waiting rooms at hospitals and in general medical practitioners' surgeries, Corporation and Local Government Ministry offices, works depots, factories, and in premises used by youth organisations. These were supported by the distribution of several thousand leaflets, and also by all Corporation libraries giving out with their books a suitably worded bookmark.

(C) VENEREAL DISEASES

I am indebted to DR. D. F. JOHNSTONE, the Consultant Venereologist, for the following report:—

During the year the subject of Venereal Disease has constantly cropped up in the press and radio, and this, together with an increasing awareness on the part of younger people, has led to an increase of over 13% in patients attending the Centre for the first time.

In 1961, 752 new patients were treated for the first time. In the year under review this increased to 861. The number of out-patient attendances increased from 5,670 to 6,171.

Of the total number of new cases, 303 were found free from disease.

There were 21 cases of Syphilis in various stages, 134 of Gonorrhoea, 150 of non-Gonococcal Urethritis in males, and 253 conditions closely allied to Venereal Disease which required treatment.

Last year I gave a full history of the work, drawing attention to the services which were provided. This year the service has been extended by starting a small clinic for expectant mothers each week. Many of these women suffer from symptoms which may or may not be due to Venereal Disease, and it was thought they would appreciate a time set aside for them alone, together with an appointments system. This has been done in collaboration with the Medical Officer of Health and some other interested Welfare Organisations, and although it has only been in operation about six months, it fulfills, what is now realised, was a gap in the service.

The importance of contact tracing cannot be over-emphasised and on the whole there has been an excellent response. The methods used are personal persuasion given to patients to send up their contacts; the "contact card" and finally visiting by the very experienced Almoner and Sister-in-Charge. During the year, the Medical Officer of Health received twenty-four complaints from aggrieved men giving particulars of girls from whom they may have contracted disease. Seventeen of these were tactfully visited and were persuaded to attend for diagnosis and treatment, seven were not traced.

One hundred and twenty seamen of no less than nine nationalities were seen, treated and given intermediate “follow-up” treatment cards if required. Arrangements are such that these patients are seen at any time and before their ships sail.

The In-Patient department of eight beds has been particularly well occupied during the year, largely by patients who live at long distances from the Clinic and who cannot get here for the necessary investigations and treatment which would have been possible had they lived near at hand. The aggregate number of in-patient days amounted to 1,730, a very satisfactory bed occupation for so small a number of available beds.

In view of the interest taken in the age groups attending for the first time, the following table may be of interest: —

<i>Males</i>		<i>Females</i>	
14–18 years ...	27	13 years ...	2
19–22 years ...	112	14–18 years ...	53
22–30 years ...	236	19–22 years ...	53
31 and over ...	233	22–30 years ...	55
		31 and over ...	57

A summary of the cases treated is given in the table below:—

	<i>Plymouth</i>	<i>Devon</i>	<i>Cornwall</i>	<i>Total</i>
Syphilis	18	3	—	21
Gonorrhoea	123	7	4	134
non-Gonococcal Urethritis (Males) ...	129	13	8	150
Other conditions requiring treatment ...	217	22	14	253
non-Venereal Disease ...	252	37	14	303
			TOTAL ...	861

Much of the credit for the increased numbers of patients attending, must go to the Medical Officer of Health for his constant interest in health education, and also to the staff of this Centre, who are keen to see that not only every privacy is given to patients, but that every courtesy is extended to them at all times.

Home Nursing

Superintendent: MISS D. M. WILLIAMS

Staff The establishment was forty and one-third
(including students).

The staff on 31st December was:

- 1 Superintendent
- 2 Assistants
- 23 Female Queen's Nurses
- 8 Male Queen's Nurses
- 1 Female State Registered Nurse
- 1 Male State Registered Nurse
- 6 Queen's Nurses (part-time)
- 2 State Registered Nurses (part-time)

Transport 11 Corporation cars
Car allowances to 29 car owners
Allowances to 2 auto-cycle owners

**Training of
Queen's
Candidates** Five students were trained during the year; three
for the staff, one for Devon and one independent
student.

**Postgraduate
Course** One administrator and three Queen's nurses
attended postgraduate courses recognised by the
Ministry of Health.

**Hospital
Training** Lectures are given to both the General and Special
Hospital students on the Social Aspects of Disease,
and all the students spend one day with the district nurse. This
includes the students from Moorhaven Hospital.

Work The early discharge of surgical patients from
hospital is reflected in the increased number of
new patients having surgical treatment at home, mostly to have
stitches removed, but some to deal with the slow healing of infected
wounds. Three patients are being cared for who could not be
managed at home, but for the help of hoists.

An increasing number of patients are using the supporting
services of the Health and Welfare department and of various
voluntary organizations; even so, the severe shortage of geriatric
beds throws great strain on these domiciliary services.

WORK DONE

Patients on books beginning of year 1962 885

New Patients during the year:

Medical	...	...	...	...	...	...	2,889
Surgical	...	...	...	...	...	...	719
Infectious Diseases	...	...	...	...	...	...	3
Tuberculosis	...	...	...	...	...	...	14
Maternal Complications	...	...	...	...	...	...	62
							<hr/>
Total New Patients	...						3,687
							<hr/>
Total Patients Nursed						...	4,572

New Patients (included above) who were:

Old Age Pensioners	...	...	...	...	...	1,914
Children under 5 years	...	...	...	...	...	210
Patients who have had more than 24 visits during the year	...	...	...	...	...	1,104

Number of visits to all patients

Medical	...	...	...	...	...	...	115,703
Surgical	...	...	...	...	...	...	20,889
Infectious Diseases	...	...	...	...	...	...	19
Tuberculosis	...	...	...	...	...	...	1,933
Maternal Complications	...	...	...	...	...	...	526
Supervisions	...	...	...	...	...	...	427
Miscellaneous Calls (no nursing procedure carried out)	...	...	...	...	...	...	1,862
							<hr/>
Total Visits	...	...					141,359
							<hr/>

Visits (included above) to:

Old Age Pensioners	...	...	...	...	...	99,768
Children under 5 years	...	...	...	...	...	1,280
Patients who have had more than 24 visits during the year	...	...	...	...	...	106,648

Home Help Service

Organiser: MRS. P. NODDER

There were fewer applications for help than in the previous year, but all demands on the service were met.

Close co-operation was maintained with hospitals, general practitioners, public health nurses and various organisations.

It is of interest that no case of tuberculosis required help during the year.

The following is a summary of the work undertaken:

Visits by Organiser	2,347	
Number of Cases assisted:							
Confinements	102	} 222
Toxaemia of Pregnancy	...	...	...	...	...	-
Tuberculosis	...	...	...	...	...	-
Chronic Sick, including aged and infirm	...	...	...	...	...	22
General Sickness	98	} 222
Average number of helpers employed weekly	...	...	...	...	...	23
Total number of hours worked by helpers	...	...	...	...	...	26,121½
Amount recovered from householders	...	...	...	...	...	£1,811
Number of cases of full recovery of cost	59	} 222
Number of cases of part recovery of cost	...	...	...	...	...	134
Number of cases free	...	...	...	...	...	29

The Plymouth Guild of Social Service has continued to provide a part-time service for old people with financial assistance from the Local Health Authority towards administrative expenses.

I am indebted to the Guild for the following details of work done:

Number of cases assisted	...	...	...	...	...	749
Average number of Home Helps employed weekly	...	...	...	...	...	151
Total number of hours worked by helpers	...	...	...	...	...	189,408½

Mental Health

Senior Assistant Medical Officer: DR. N. R. MATHESON

Administration The work of the Mental Health Department has continued under the same administrative arrangements as before, with the addition of some extra clerical help given to the Adult Training Centre.

PROGRESS IN THE PROVISION OF MENTAL HEALTH SERVICES

Adult Training Centre A gradual start has been made in the provision of training facilities for mentally handicapped persons over school leaving age. A supervisor was appointed early in the year, who joined the staff of the junior centre, and took on a class of the older boys. A few sixteen year olds were kept on, and a few old pupils brought in again. The class was very popular with the boys and it was developed by the acquisition of equipment and the appointment of assistants.

An approach to the department was made by a local firm who had salvage work available that could be performed by subnormal and severely subnormal persons. A trial was made, and more and more work was sent to the Centre. We are pleased to record our appreciation of the consideration and confidence shown by the firm in our new venture.

This work for our adolescents seemed so much worth while that the department was moved from "Highbury" to "Welby", the house that had been acquired for conversion into a hostel, and there it will stay until the proper premises are ready at Stonehouse.

Plymouth Nuffield Clinic The end of the year saw this joint venture very nearly complete.

Subnormal and Severely-Sub-normal Patients At a time when there is talk of reducing the number of hospital beds for mentally disordered persons it is salutary to note that we still have a list of sixteen patients awaiting admission to hospitals for the subnormal and severely subnormal. This may seem a favourable figure compared with that pertaining in former years, but scrutiny of case histories shows a mass of dire distress maintained, in many instances, over a period of years. We ought not to be satisfied with hospital provision until ordinary cases can be admitted within a few weeks of application, and urgent cases at once.

We have on our list the case of a severely subnormal child, registered as a blind person. After assessment by a panel of experts at the Royal National Institute for the Blind he was recommended for residential training at the Ellen Terry Home. Since the application, nearly five years have elapsed without the offer of a place, and the child has increased in age from seven and a half to nearly twelve and a half years. The parents' distress is very easily understandable.

**The
Mentally Ill**

There is no remarkable change in the amount or nature of the work performed in this field. The Mental Welfare Officers arranged the admission of two hundred and sixty-five patients to hospitals, and provided after-care for one hundred and twenty-four who had left hospital.

During the year student nurses from Moorhaven Hospital spent days in the department when our work was described and visits were made with the welfare officers.

**Co-operation
with Voluntary
Bodies**

As a local health authority is charged with the care and training of mentally disordered persons, it may be argued that the provision of social clubs could be regarded as a duty. Some authorities do undertake this work. An interesting variation has developed in Plymouth, thanks to the initiative of the Secretary of the Plymouth Guild of Social Service. After discussing the subject with the senior medical officer, Mr. English convened meetings of interested persons. Invitations were sent to a number of subnormal and severely subnormal young people and their parents and early in the year a youth club was formed which meets weekly in the premises of the Guild. The club has been named the Marshall Youth Club in memory of the former chairman of the health committee who worked so assiduously for the mentally handicapped.

The club members are boys and girls who could not enjoy the activities of orthodox clubs, with a sprinkling of young people from such clubs who join in the games. The main helpers are officers of the Plymouth and District Society for Mentally Handicapped Children who are supported by a wide range of volunteers, including school teachers and officers of the mental health department.

STATISTICS

SUBNORMAL AND SEVERELY SUBNORMAL

<i>New Cases notified:</i>					<i>Male</i>	<i>Female</i>	<i>Total</i>
As unsuitable for education at school or after							
leaving school	...	...	...	...	21	18	39
From other sources	...	...	...	...	11	7	18
					—	—	—
					32	25	57
					==	==	==

<i>These were dealt with as follows:</i>					<i>Male</i>	<i>Female</i>	<i>Total</i>
Provided with Community Care					31	23	54
Admitted to Hospitals					1	2	3

21 other patients were admitted to hospitals.

91 other patients ceased to be under care.

8 other patients died.

On behalf of the Royal Western Counties Hospital, 7 patients were supervised whilst on leave in Plymouth.

The Local Health Authority were responsible for 983 patients at 31st December, 1962, comprised as follows:—

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Receiving Community Care	326	276	602
In Hospital	202	179	381
	—	—	—
	528	455	983
	==	==	==

MENTALLY ILL PATIENTS

Admissions to Hospital under the Mental Health Act, 1959:

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Section 25 } (Observation	9	22	31
Section 26 } and Treatment)	1	1	2
Section 29 (Emergency)	47	73	120
Section 60 (Hospital Orders through the Court)	3	2	5
Informal	44	63	107
	—	—	—
	104	161	265
	==	==	==

Welfare Services

Senior Welfare Services Officer

H. J. PATERNOSTER, F.I.S.W.

Accommodation The accommodation now provided under Part III of the National Assistance Act, 1948, is:

				<i>Part III Accommodation</i>	<i>R.H.B. Accommodation</i>
Wolseley Home	...	...	108 males	55 females	62 females
"Glenfield"	...	...	27 females		
"Brightside"	...	...	26 males		
"Ingleside"	...	...	31 females		
"Lakeside"	...	...	36 mixed		
Cross Park House	...	...	32 mixed		
Whitleigh Home	...	...	41 mixed		
Granby Way	...	...	40 mixed		

During the past year a new Home – Granby Way, Park Avenue, Devonport – was opened and this has been filled to capacity since May.

A lift has been installed at Ingleside, which has proved a boon, although it has meant reducing the number of residents from thirty-five to thirty-one.

The demand for accommodation is increasing daily, and the cases now being admitted are of the frailer type, requiring extra nursing, care and attention, which will eventually mean an increase of the staff in these Homes.

During the year all the above Homes have been practically filled to capacity, including Wolseley Home.

Admission from Waiting List	...	...	...	113
Admissions (Emergencies)	...	...	...	55
Number of persons on Waiting List for admission as at 31.12.1962	...	...	...	41

Registration of Homes Under Section 37 of the National Assistance Act, 1948, all Old Persons' and Disabled Persons' Homes must be registered with the Local Authority. The undermentioned Homes are so registered:—

St. Joseph's Home, Hartley	...	Accommodation	112 residents (mixed)
'Rosemont,' Wingfield Villas	...	„	18 residents (mixed)
Torr Home for the Blind	... ..	„	72 residents (mixed)
2 Thorn Park Terrace, Mannamead		„	14 females
The Mount, Lipson	... ..	„	31 females
Widey Grange, Widey Lane, Crownhill		„	14 females
8 Apsley Road, Mutley	... ..	„	22 residents (mixed)
5 Ford Park Road, Mutley	...	„	14 females
10 Radford Park Road, West Hoe		„	12 males
21 Mount Gold Road	... ..	„	18 females
11 Gleneagle Road	... ..	„	7 residents (mixed)
Astor Hall, for the Disabled, Stoke		„	25 residents (mixed)
Cann House, Tamerton Foliot, Plymouth (Cheshire Foundation Home for the Sick)	... ..	„	26 residents

The Homes are visited and inspected at regular intervals to ensure that conditions of registration are being observed. No further Homes have been registered during 1962.

Boarding-out Scheme The Boarding-out Scheme of the Plymouth Guild of Social Service is still providing a most useful contribution in overcoming the waiting list of persons awaiting admission to the Council's Homes. At present one hundred and thirty-one persons are boarded-out.

WELFARE OF THE BLIND

Under Section 29 of the National Assistance Act, 1948, it is the duty of the Local Authority to make arrangements for promoting the welfare of blind persons who are resident in this area. During the year, forty-six persons were newly registered blind and fifteen partially sighted. It will be observed from the table following that the great majority of the registered blind are now over the age of fifty years.

There are three sighted Home Teachers of the Blind who work from the Health and Welfare Department office at The Municipal Offices, and are the direct employees of the Plymouth City Council. Each week there is a social and handicraft class at the Blind Institution for persons living in the City Centre and Prince Rock district of Plymouth. A social and handicraft class for the blind and partially sighted in the Devonport area still continues at the Pilgrim Congregational Church, St. Levan's Road, and new accommodation in this building provided by the Church on behalf of the blind, is much improved, as there is a stage which is most useful for concerts, etc. The British Legion Hall at Crownhill is still used every Monday afternoon alternatively for handicraft and social gatherings for the blind people in this area.

At the Blind Institution, North Hill, there are 19 journeymen, 1 journeywoman, and 2 trainees employed, and the future of this building has now been decided. This is now an annexe for the Plymouth High School for Girls under the Education Committee. It is anticipated new premises for the Blind Institution will be opened in Stonehouse towards the end of next year.

There are four Home Workers for the blind in Plymouth (one female, three males) and the men are all employed as piano tuners. The contract which the Plymouth City Council grants the Blind Institution for the tuning of pianos in their schools is most valuable in this respect. The female Home Worker is a Braille Copyist.

WELFARE OF THE BLIND—REGISTRATION

Year ended 31st December, 1962

TABLE I—AGE PERIODS OF REGISTERED BLIND PERSONS

	0	1	2	3	4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90 and over	Un-known	Total
M	-	-	-	-	-	1	2	4	5	9	3	33	15	21	40	13	13	5	-	164
F	-	-	-	1	-	1	2	-	5	6	17	24	27	17	64	35	16	18	-	233
Total	-	-	-	1	-	2	4	4	10	15	20	57	42	38	104	48	29	23	-	397

FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS

CIRCULAR 2/53

	CAUSE OF DISABILITY			
	<i>Cataract</i>	<i>Glaucoma</i>	<i>Retrolental Fibroplasia</i>	<i>Others</i>
(i) Number of cases registered during the year in respect of which Sect. F of Forms B.D.8 recommends :	17	12	—	31
(a) No treatment ...	4	—	—	14
(b) Treatment (medical surgical or optical) ...	13	12	—	17
(c) Educational ...	—	—	—	—
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	11	12	—	16

OPHTHALMIA NEONATORUM

Total number notified in 1962 ...	42	(including 16 outward transfers)
Number (a) vision lost ...	0	
(b) vision impaired ...	0	
(c) treatment continuing at end of year ...	0	

WELFARE OF THE PHYSICALLY HANDICAPPED

The Register The number of new cases reported to the department together with the numbers on the register for the last three years are as follows:

	1960	1961	1962
New Cases 	78	100	86
Register at 31st December 	525	588	544

Analysis of the new cases and the total register for 1962 are shown in Tables I and II respectively.

Home Visiting 855 visits were made during the year relating to 413 cases. 219 problems were dealt with as follows:

Housing 	31
Residential Accommodation 	9
Training and Employment 	16
Readjustment, handicrafts and social activities	26
Social problems 	9
Modifications, aids and adaptations 	83
Financial and material assistance	25
Other general problems 	20
	219

Aids and Modifications Thirty-nine cases were assisted with aids and modifications during the year. Although this was a smaller number than in 1962 the estimated cost was £86 higher at £674 as compared with £588. £124 of the total costs were recoverable from the persons involved.

Diversional Employment At the end of the year one hundred and forty-five cases were receiving occupational therapy and handicraft instruction, as follows:—

In own homes	...	...	...	49
In handicraft classes	...	...	...	24
In Old People's Homes	...	...	...	72

The handicraft classes continued to be held at "Highbury" on Monday, Wednesday and Friday afternoons.

The total value of sales of goods completed under diversional employment was £836, the figures for 1960 and 1961 being £436 and £633 respectively, representing an increase of £200 per year. The increase in sales has mainly taken place at the shop at Frankfort Gate, the amount for 1962 being £509.

Of the £836, about £627 represented recovery of the cost of materials, the remaining £209 being profit returned to the patients.

Remunerative Employment Ten persons were employed on leatherwork preparation and the making of plywood bases for canework during the year, two of this number subsequently returning to full employment, one to H.M. Dockyard and one to Remploy.

The majority of the articles produced were required for the diversional employment scheme, but it was possible to make sales to outside organisations to the value of about £10 at the beginning of the year.

The estimated value of all the articles produced was £200, whilst payments to individuals at piece rates totalled £43.

Disabled Drivers Identification labels continued to be issued during the year for disabled drivers, so that they might readily be identifiable if experiencing parking difficulties, and in July the Council agreed that free parking facilities should be granted to all drivers displaying this badge.

Residential Accommodation At the end of the year fifty-two handicapped persons were being maintained in local and national residential centres, including twenty-three in the Council's own Homes.

TABLE I
NEW CASES ADDED TO THE REGISTER OF HANDICAPPED PERSONS DURING 1962

DISABILITY CATEGORIES	EMPLOYMENT CAPABILITIES										TOTALS	
	Ordinary Conditions		Sheltered Workshops		Home Employment only		Incapable of Work		Children under 16			
	M	F	M	F	M	F	M	F	M	F		
Amputation	2	—	—	—	—	—	4	1	—	—	6	1
Arthritis	—	—	—	—	—	—	8	14	—	—	8	14
Congenital malformations ...	—	—	—	—	—	—	—	1	—	—	—	1
General diseases of the chest, heart, digestive system, etc. ...	1	—	—	—	—	—	4	1	—	—	5	1
General physical injuries ...	2	—	—	—	—	—	3	7	—	—	5	7
Organic nervous diseases ...	1	—	3	1	1	—	9	13	1	1	15	15
Nervous and Mental disorders ...	—	1	—	—	—	—	1	—	—	—	1	1
Respiratory Tuberculosis ...	—	—	—	—	—	—	1	—	—	—	1	—
Non-respiratory Tuberculosis ...	—	1	—	—	—	—	—	—	—	—	—	1
Other diseases	1	—	—	—	—	—	1	2	—	—	2	2
TOTAL ...	7	2	3	1	1	—	31	39	1	1	43	43

TABLE II

REGISTER OF HANDICAPPED PERSONS AS AT 31ST DECEMBER, 1962

DISABILITY CATEGORIES	EMPLOYMENT CAPABILITIES										TOTALS	
	Ordinary Conditions		Sheltered Workshops		Home employment only		Incapable of work		Children under 16			
	M	F	M	F	M	F	M	F	M	F	M	F
Amputation	4 (2)	-	5 (4)	-	2	-	16	7	27	7
Arthritis	2 (1)	-	3 (1)	1	2	3	27	73	34	77
Congenital malformations	3 (2)	1	6 (1)	2 (1)	-	1	4	9	13	14
General diseases of the chest, heart, digestive system, etc.	4 (3)	-	5 (1)	-	1	4	29	11	40	15
General physical injuries	2	1	3 (1)	-	2	2	9	20	16	23
Organic nervous diseases	15 (12)	3	4 (1)	5 (4)	25	12	66	88	111	110
Nervous and mental disorders	1	2	1	-	1	2	6	4	9	8
Respiratory Tuberculosis	2	-	1	-	5	-	2	2	10	2
Non-respiratory Tuberculosis	2	1	2	-	1	-	1	1	6	2
Other diseases and injuries	1	1	2	-	-	-	9	7	12	8
TOTALS	36	9	32	8	39	24	169	222	278	266

Figures in brackets show the numbers recorded as being employed

WELFARE OF THE DEAF AND DUMB

Early in 1963 the Mission hopes to take possession of the new premises known as Blake Lodge, Seymour Road, Mannamead, Plymouth, and this will be a great improvement on the former premises in Portland Square.

The Missioner will be resident on the premises, and it will be possible for first class amenities to be provided for the deaf and dumb and also for their welfare in general.

Under Ministry of Health Circular 25/61 the duty is now laid upon Local Authorities to maintain the register of the deaf and dumb in its modified form, and to implement recommendations made in the Younghusband Report, acting in co-operation with the existing voluntary organisations.

DEAF AND DUMB REGISTER

	<i>Under 16</i>		16-64		<i>65 and over</i>		<i>Total</i>	
	M	F	M	F	M	F	M	F
Deaf with speech ...	4	3	24	14	1	2	29	19
Deaf without speech ...	5	3	35	41	7	2	47	46
Hard of Hearing ...	2	—	23	35	6	6	31	41
GRAND TOTAL ...							107	106

NATIONAL ASSISTANCE ACTS, 1949 & 1951

REMOVAL OF PERSONS NEEDING CARE AND ATTENTION

Out of the many elderly persons coming to the notice of the department as needing help there are always some who are unco-operative and reject any assistance. This gives most concern when physical and perhaps mental deterioration have gone so far that constant attention in a hospital or residential home is required and the patient refuses this form of care. After consideration of all the circumstances, the decision has then to be taken whether application to the Justices Court for an Order removal is justified. It was necessary to take this action in the two cases described below.

ACTION UNDER SECTION 47, NATIONAL ASSISTANCE ACTS, 1948 AND 1951

CASE REPORTS

1. A woman aged 80, living alone, had been known to the Welfare Visitors for three or four years. She suffered from chronic heart disease and arthritis but vehemently refused any form of assistance. Eventually she became immobile and insanitary owing to her medical condition and general weakness and an Order was obtained for her urgent removal to hospital.

2. A man aged 83 was living alone in an isolated rural cottage. He had first come to notice ten years ago because of his dirty neglected clothing and general unhygienic state but had always fiercely rejected any advice or help. Because of his lack of contact with others he was not, though very insanitary, considered to be a danger to the public health. Eventually he collapsed through malnutrition and general weakness and an Order was obtained for his urgent removal to hospital where he soon died.

CHIROPODY SERVICE

The Local Authority Scheme began in August, 1960. Treatment is given in existing clinics and also in the patient's home when necessary. Local chiropodists are paid by the session for work at clinics and by a fee per visit for domiciliary work.

Those eligible for treatment are men aged 65 years and over and women aged 60 and over, whose incomes do not exceed the amount of the national retirement pension or who receive a National Assistance allowance. The patient is charged 3/6 for a treatment at a clinic and 4/6 for a treatment at home.

During the first twelve months operation of the service, 196 patients received 1,018 treatments at clinics and 133 patients received 798 treatments in their homes.

The demand for the service is increasing and during 1962, 275 patients received 1,408 treatments at clinics and 191 patients received 1,327 home treatments. Clinic treatments have therefore increased by 390 and domiciliary visits by 529 in 1962.

Ambulance Service

Ambulance Officer: MR. R. SAMPSON

Use of the Service The use of the service is shown in the table below.

Once more, owing to the medical urgency of the cases, it was necessary to send patients to distant hospitals by helicopter on three occasions.

Despite the fact that the use of rail transport for the conveyance of patients is getting more difficult the number carried in this manner last year showed an increase of twenty-seven patients and 2,632 miles. The co-operation from the staff of British Railways at Plymouth is indeed excellent.

The very good relationship which has existed for so many years between this authority and Devon and Cornwall Local Authorities still continues.

TOTAL PATIENTS AND MILEAGE

ROAD JOURNEYS				PLYMOUTH	DEVON	CORNWALL	TOTAL
Ordinary Removals	...			61,022	174	68	61,264
Mileage	...	...	...	214,907	6,408	2,455	223,770
Accidents and Emergencies				3,715	2	—	3,717
Mileage	...	...	...	17,155	20	—	17,175
Welfare Patients	...	...		10,782	—	—	10,782
Mileage	...	...	...	23,616	—	—	23,616
Total Patients				75,519	176	68	75,763
Total Mileage				255,678	6,428	2,455	264,561
RAIL JOURNEYS				276	11	23	310
Approximate total rail mileage travelled by patients, 46,083							
Average miles per patient, 148.65							

Vehicles Three new vehicles were received during the year to replace those which were no longer fit for use. Of these three, one was an ambulance specially built for long distance work. Two were dual-purpose vehicles and included one with a power operated tail lift whereby patients in wheel chairs can be put into the vehicles without being taken out of their chairs. This latter has proved very satisfactory.

Staff The number of driver/attendants at the end of the year was forty-five. The voluntary help given by the St. John Ambulance Brigade has again proved very valuable in escorting patients by train to distant hospitals or homes and with the day-to-day staffing of the ambulances. There has unfortunately been a decrease in the number of hours' service given by nursing personnel but I am pleased to report a slight increase in the number of hours given by male personnel. The total voluntary service given amounted to 1,423 hours for men and 1,274 hours for women.

General During the year the Service became responsible for the following:

- (1) Accepting calls for the Port Medical Officers outside of normal office hours.
- (2) Receiving and dealing with emergency calls for midwives at all times.
- (3) Receiving of and dealing with all calls made on the Corporation telephone exchange between the hours of 10 p.m. and 7 a.m.

Civil Defence Twenty-three volunteers passed the First Aid examination of the St. John Ambulance Association and the same number passed the advanced test in subjects specially applicable to the Ambulance and First Aid section and obtained their Gold Star.

A Communications exercise was held in April and the Section supplied liaison officers at Group, Area and Sub-Area Controls and a small number of the volunteers assisted in manning the telephones and acted as messengers. A continuation of this exercise was held in May and again the Senior Officers of this Service and volunteers took part.

In June a practical exercise was held when 'casualties' were treated on Drake's Island and evacuated in boats of the Royal Air Force and the Port Health Launch to Millbay Docks and then taken by Civil Defence ambulances to the simulated Forward Medical Aid Unit at the Civil Defence Headquarters, Derry's Cross, which was manned by members of the Section. Except for a break in the summer, training continued throughout the year.

AMBULANCE SERVICE

TABLE SHOWING TOTAL PATIENTS AND MILEAGE OVER THE LAST FIVE YEARS

YEAR	PLYMOUTH		DEVON		CORNWALL		TOTAL	
	<i>Patients</i>	<i>Mileage</i>	<i>Patients</i>	<i>Mileage</i>	<i>Patients</i>	<i>Mileage</i>	<i>Patients</i>	<i>Mileage</i>
1958	65,048	213,276	430	13,900	61	2,955	65,539	230,131
1959	63,848	219,560	299	9,314	79	3,418	64,226	232,292
1960	69,860	239,789	285	7,188	70	2,902	70,215	249,879
1961	72,908	249,265	661	8,692	70	2,453	73,639	260,410
1962	75,519	255,678	176	6,428	68	2,455	75,763	264,561

AVERAGE ROAD MILES PER PATIENT

1952	...	4.100
1957	...	3.405
1962	...	3.491

Plymouth Port Health Authority

Deputy Port Medical Officer: DR. G. B. CARTER

General This Report is in the form and sequence prescribed for Annual Reports of Medical Officers of Port Health Authorities by the Ministry of Health, Form Port 20, dated October, 1952.

A detailed report was made in 1960 and where there has been no change in arrangements in 1962 this is indicated under the appropriate section.

Reference is made under Section 15 to the medical arrangements in connection with the Commonwealth Immigrants Act which came into operation on the 1st July, 1962.

SECTION I – STAFF

TABLE A

Dr. H. B. Boucher retired on 2nd November, 1962

No other staff changes.

SECTION II

AMOUNT OF SHIPPING ENTERING THE DISTRICT DURING THE YEAR

TABLE B

<i>Ships from</i>	<i>Number</i>	<i>Tonnage</i>	<i>Number inspected</i>		<i>Number of ships reported as having, or having had during the voyage, infectious disease on board</i>
			<i>By the Medical Officer of Health</i>	<i>By the Public Health Inspector</i>	
Foreign Ports	709	1,094,340	72	606	15
Coastwise	1,297	798,231	—	746	—
Total	2,006	1,892,571	72	1,352	15

There was a reduction of 93 ships entering the port compared with 1961 and the tonnage decreased by 375,338.

SECTION III

CHARACTER OF SHIPPING AND TRADE DURING THE YEAR

TABLE C

Passenger Traffic	Number of passengers INWARDS ...	6,680
	Number of passengers OUTWARDS ...	3,713

The total number of passengers remaining on board passenger-carrying vessels entering the Port of Plymouth (exclusive of those shown above) was 17,987. Inward passengers fell by 3,314, compared with 1961, mainly due to the French Line discontinuing to call. Outward passengers increased by 92. Eight ships of the P. & O. – Orient Line homeward bound from the Far East called at Plymouth to disembark passengers.

Cargo Traffic

Principal IMPORTS

Foreign

Fertilisers from Antwerp and Hamburg.
 Phosphates from Sfax, Antwerp and Rouen.
 Potash from Hamburg, Antwerp, Bremen and Wismar.
 Basic Slag from Rouen and Dunkirk.
 Onions from Rotterdam and Amsterdam.
 Fresh Fruit from Holland and France.
 Preserved Meat from Holland.
 Timber from Vancouver, Antwerp, Gothenburg, Kotka and Kemi.
 Grain from Vancouver, Antwerp, Rouen and Rotterdam.
 Fuel Oil from Curacao and Trinidad.
 Agricultural Machinery from Holland.

Coastal

Basic Slag from Grimsby.
 Coal from South Wales and North-East ports.
 Vaporising Oil, Gas Oil, Petrol, Kerosene and Paraffin from Fawley, Hamble, Swansea and Falmouth.
 Fertilisers and Phosphates from Middlesbrough, London and Immingham.
 Cement and Asphalt from London.

Grain from Avonmouth, Newport (I.o.W.) and Cardiff.

Potatoes from Belfast.

Fish from deep-sea fishing grounds.

Margarine, Cooking Fats, Tinned Fruit, Biscuits, Tinned Vegetables and Sugar from Liverpool.

Principal EXPORTS

China Clay and Granite Chippings.

Principal PORTS from which ships arrive

<i>Asia and</i>			
<i>Australasia</i>	<i>Europe</i>	<i>America</i>	<i>Africa</i>
Hong Kong	Amsterdam	Buenos Aires	Beira
Brisbane	Antwerp	Curacao	Cape Town
Abadan	Bremen	Kingston (Ja.)	Casablanca
Bombay	Brest	Philadelphia	Sfax
	Calais	Valparaiso	Port Elizabeth
	Delfzyl		
	Gibraltar		
	Göthenburg		
	Kotka		
	Le Havre		
	Rotterdam		
	Rouen		
	Vigo		

SECTION IV

INLAND BARGE TRAFFIC

There is no inland barge traffic at the Port.

SECTION V

WATER SUPPLY

NO CHANGE

SECTION VI

PUBLIC HEALTH (SHIPS) REGULATIONS, 1952

NO CHANGE

SECTION VII

SMALLPOX

(1) *Isolation Hospitals available.*

The first case or cases would be admitted to the Smallpox Hospital, Liskeard, Cornwall (Telephone: Liskeard 2385), staffed from the Scott Isolation Hospital, Beacon Park Road, Plymouth (Telephone: Plymouth 64311 and 61437). Physician-Superintendent: Dr. D. Johnstone.

Should it appear likely that more extensive accommodation would be required, arrangements would be made for the Lee Mill Smallpox Hospital, at present used for geriatric cases, to be re-opened as a Smallpox Hospital.

(2) *Arrangements for the transport of cases to hospital.*

The launch *Argus* of the Plymouth Port Health Authority, based at Millbay Docks, Plymouth (Telephone: Plymouth 68000 Ext. 2229 by day, and Plymouth 68000, Ext. 2129 at night and weekends) is available to transport cases from ship to shore. The launch is equipped with a radio transmitter and receiver linked to the Plymouth Ambulance Headquarters.

Ambulances of the Plymouth City Council's Ambulance Service (Telephone: Plymouth 64101) are available to transport cases to hospital.

(3) *Smallpox Consultants.*

Dr. W. H. St. John-Brooks Office Telephone: Penzance 2382
West Cornwall Hospital, Home Telephone: Cockwells 356.
Penzance, Cornwall.

(4) *Facilities for the Laboratory Diagnosis of Smallpox.*

Materials for the collection of specimens from suspected cases are always available at the Port Health Office, Plymouth.

Specimens are forwarded to the Virus Reference Laboratory, Central Public Health Laboratory, Colindale Avenue, London, N.W.9.

SECTION VIII

VENEREAL DISEASE

Location of facilities for the diagnosis and treatment of venereal disease, and days and hours of attendance.

NO CHANGE

During the year 96 British and 24 foreign seamen (total 120, compared with 112 in 1961) were treated at the Venereal Diseases Clinic.

The Nationalities were as follows:—

British	...	...	96
American	...	...	1
Brazilian	...	...	2
Cuban	...	...	1
Chinese	...	...	1
Dutch	...	...	8
German	...	...	2
Greek	...	...	8
Maltese	...	...	1

SECTION IX

CASES OF NOTIFIABLE AND OTHER INFECTIOUS DISEASES ON SHIPS

TABLE D

Category	Disease	Number of cases during the year		Number of ships concerned
		Passengers	Crew	
Cases landed from ships from foreign ports	Chickenpox ...	1	—	1
	German Measles ...	1	—	1
Cases which have occurred on ships from foreign ports but have been disposed of before arrival	Measles ...	10	—	5
	German Measles ...	23	—	3
	Chickenpox ...	17	1	4
	Whooping Cough	1	—	1
Cases landed from other ships	—	—	—	—

The S.S. *Oronsay* arrived at Plymouth from Sydney on 14th August and disembarked sixty-one passengers. Among the passengers remaining on board for disembarkation in London were six cases diagnosed as chickenpox. One of these, a three years old Indian child who had boarded the ship in Bombay was

subsequently considered to be a case of modified smallpox and admitted to hospital in Gravesend. All persons who had boarded the ship in Plymouth were vaccinated and kept under surveillance for fourteen days. The Medical Officers of Health of the areas to which passengers who disembarked at Plymouth had dispersed were informed of the circumstances. No further cases occurred in connection with this incident except in the original case's sister who is understood to have developed a modified form of the disease.

Information was received that a twenty-one years old Malayan passenger in the S.S. *Orion* had been diagnosed as a case of modified smallpox and removed from the ship at Suez on 18th October. On arrival of the ship at Plymouth on 28th October the fifty disembarking passengers who had all been recently vaccinated were placed under supervision for fourteen days. No further cases were reported.

SECTION X

OBSERVATIONS ON THE OCCURRENCE OF MALARIA IN SHIPS

There were no cases of malaria brought to notice in ships arriving at Plymouth during the year.

SECTION XI

MEASURES TAKEN AGAINST SHIPS INFECTED WITH OR SUSPECTED FOR PLAGUE

No plague-infected or suspected ships entered the Port during the year.

SECTION XII

MEASURES AGAINST RODENTS IN SHIPS FROM FOREIGN PORTS

- (1) All ships arriving at the various wharves are boarded by the Port Health Inspector and Rodent Operator. Enquiries are made of the officers and crew as to evidence of rat infestation. Foremen Stevedores are also questioned as to the presence of rats. Where rat infestation is found, trapping or poisoning is carried out by the Rodent Operator.
- (2) All rats caught are destroyed, and specimens submitted to the Public Health Laboratory, South Devon and East Cornwall Hospital, Greenbank, Plymouth.

(3) Deratting of ships is carried out by fumigation with hydrocyanic acid gas. These fumigations are carried out by private firms under the supervision of the Port Health Authority.

The names of Commercial Contractors who have carried out the fumigation of vessels at this Port are:—

- 1. Fumigation Services Ltd., Barking, Essex
- 2. London Fumigation Co., London, E.C.3.

Small infestations are dealt with by the Local Authority's Rodent Operator, using "Warfarin".

Rat-proofing principals have been adopted in the construction of all new vessels inspected.

TABLE E
Rodents destroyed during the year in ships from foreign ports:
NIL

Rodents destroyed in docks, quays, wharves and warehouses:

Category				Number
Black rats	...	...	...	3
Brown rats	...	...	...	115
Sent for examination	...	...	...	—
Infected with plague	...	...	...	—

Number of rats presumed killed, based on amount of poison bait taken: 262.

Number of mice destroyed by poisoning: 211.

TABLE F
DERATTING CERTIFICATES AND DERATTING EXEMPTION CERTIFICATES ISSUED DURING THE YEAR FOR SHIPS FROM FOREIGN PORTS

No. of Deratting Certificates issued					Number of Deratting Exemption Certificates issued	Total Certifi- cates issued
After fumigation with		After trapping	After poison- ing	Total		
HCN	Other fumigant (state method)					
1	2	3	4	5	6	7
—	—	—	1 (Sodium fluoro- acetate)	1	20	21

PREVENTION OF DAMAGE BY PESTS ACT, 1949

(APPLICATION TO SHIPPING) ORDER, 1951

No Rodent Control Certificates were issued to coastal vessels during the year.

The majority of vessels entering the Port, carried a Deratting Exemption Certificate.

SECTION XIII

INSPECTION OF SHIPS FOR NUISANCES

TABLE G

INSPECTIONS AND NOTICES

<i>Nature and Number of Inspections</i>	<i>Notices served</i>		<i>Result of serving Notices</i>
	<i>Statutory Notices</i>	<i>Other Notices</i>	<i>Complied with</i>
1,352 vessels	—	5	4

SECTION XIV

PUBLIC HEALTH (SHELL-FISH) REGULATIONS, 1934 & 1948

NO CHANGE

SECTION XV

MEDICAL INSPECTION OF ALIENS

- (1) Dr. H. B. Boucher's apointment as a Medical Inspector of, Aliens terminated on his resignation on 2nd November, 1962 and Dr. T. A. Lloyd-James was appointed a Medical Inspector on 21st February, 1962. Otherwise no change in Inspectors.
- (2) and (3): NO CHANGE.
- (4) During the year, the number of incoming aliens was 860. The number of outgoing aliens was 809.
- (5) NO CHANGE.

REPORTS AND CERTIFICATES FOR ALIENS MEDICALLY EXAMINED

No occasion arose to issue a formal certificate in respect of aliens medically examined.

MEDICAL EXAMINATION OF COMMONWEALTH IMMIGRANTS

The Commonwealth Immigrants Act, 1962, came into force on 1st July, 1962, and the following members of the staff were appointed Medical Inspectors of Commonwealth Immigrants:—

Dr. T. Peirson	...	...	19th June, 1962
Dr. G. B. Carter	...	...	„
Dr. T. H. Harrison	...	...	„
Dr. T. R. W. Forrest	...	...	„
Dr. N. R. Matheson	...	...	„
Dr. L. N. Trethowan	...	...	„
Dr. H. B. Boucher	...	...	„
Dr. T. A. Lloyd-James	...	...	„
Dr. Enid Atkins	...	...	11th July, 1962
Dr. Desiree M. Howells	...	...	„

Resigned

Dr. H. B. Boucher	...	2nd November, 1962
Dr. Desiree M. Howells	...	31st December, 1962

It has been possible to make satisfactory arrangements on board the ships concerned for carrying out the medical examination of Commonwealth immigrants referred by the Immigration Officers. In most cases, where the number of examinations has been small, the Boarding Medical Officer has been able to make the examinations in the course of his other duties without causing delay to the ship or passengers. On two occasions when the liner *Ascania* arrived carrying several hundred immigrants from the West Indies it was necessary to transfer medical staff from other duties in order to avoid undue delay in clearing the ship. On another occasion a Boarding Medical Officer flew to join the *Ascania* at Cherbourg and carried out the examinations during the voyage to Plymouth, thus obviating any delay to the ship on arrival.

Details concerning Commonwealth Immigrants are shown on Form Port 24 below:—

COMMONWEALTH IMMIGRANTS ACT, 1962

MEDICAL EXAMINATIONS

During the period ended 31st December, 1962

- (1) Total number of arriving Commonwealth citizens subject to control under the Act 1,320
- (2) Total number of Commonwealth citizens medically examined 301
- (3) Reports and Certificates for Commonwealth citizens medically examined:—

<i>Nature of Report or Certificate</i>		<i>Number of reports or certificates issued</i>	<i>Number of Commonwealth citizens refused entry</i>
A	Suffering from mental disorder ...	1	—
B (1)	Undesirable for medical reasons ...	—	—
B (2)	Likely to require major medical treatment	—	—
TOTALS ...		1	—

SECTION XVI

MISCELLANEOUS

Arrangements for the burial on shore of persons who have died on board ship from infectious disease.

NO CHANGE

Food Inspection During the year 323 vessels were dealt with under the Public Health (Imported Food) Regulations, 1937 and 1948.
There were 255 from foreign ports, and 68 coastwise.

The total amount of foodstuffs voluntarily surrendered and condemned as unsound, unwholesome and unfit for human consumption consisted of:—

			<i>tons</i>	<i>cwts.</i>	<i>qrs.</i>	<i>lbs.</i>	<i>ozs.</i>
Yellow Corn	...	...	31	5	0	0	0
Tinned Fruits (various)	...	...		2	2	24	9
Potatoes	...	...	1	15	0	0	0
Ruake	...	...			2	16	4
Tinned Peas	...	...			2	16	1
Tinned Beans	...	...				9	14
Tinned Pilchards	...	...				4	7
Luncheon Meat	...	...				6	8
Lard ...	...	...			2	10	0
Cheese	...	...				13	0
Evaporated Milk	...	...					6
			33	4	3	17	1

No action was taken under the Public Health (Imported Milk) Regulations, 1926, and the Public Health (Preservatives, etc., in Food) Regulations, 1925 and 1958.

The following specimens were submitted to the Public Health Laboratory, Greenbank, Plymouth, for examination:

<i>Nature of Specimen</i>	<i>From</i>	<i>Examined for</i>	<i>Result</i>
Oysters	Yealm Oyster Fisheries	B. Coli.	Faecal type E. Coli. not isolated
Oysters	Yealm Oyster Fisheries	B. Coli.	Faecal type E. Coli. not detected in 1 ml. of shellfish tissue

Infectious Diseases

No major infectious disease occurred within the area of the Authority during 1962.

Cases landed at the Port

Two cases of infectious disease were landed, and eight cases of non-infectious disease or injury. Admission to hospital was required in eight of these ten cases.

School Health Service

Senior Medical Officer

DR. T. H. HARRISON

There were no changes in the arrangements for medical inspection during 1962, but very few of the children examined in the intermediate age group at 9-plus to 10-plus years were found to have defects which were not already known or under treatment, as has been the case for several years. It seems quite obvious now, that to make the best use of the medical officers' time the routine inspection of intermediates should be replaced by a system of selective inspections of children in the junior schools and that this would result in a better service being given to those children needing more attention. At the time of writing this report a special report, a copy of which is given below in the section on medical inspection, is awaiting consideration by the Education Special Services Sub-Committee.

The overall percentage of parents attending for their children's periodic inspections was 53.8 per cent. For entrants, 80.9 per cent of the parents attended, but for leavers only 17.5 per cent.

The special arrangements were continued for the medical examination of children referred by the Director of Education because of frequent or prolonged absences from school for medical reasons, as also were the regular consultations about these children between the Education Welfare Officers and the liaison medical officer, and a report by Dr. Trethowan, the medical officer who carried out this work is given below in the section dealing with "other medical inspections".

The percentage of children reported by the school nurses to be infested with vermin in some degree, however slight, was higher than for several years but the personnel of the school nursing service had changed considerably and it seems possible that the increased figures may at least in part be due to better ascertainment of the infested children.

The number of children attending the school clinics for the treatment of minor ailments by the school nurses and for ultra violet light again decreased and in consequence the nurses' attendances at four of the branch clinics where the attendances were low

were reduced from daily attendances to twice a week from September 1962.

The number of dental officers employed was approximately the same as in 1961 but it was not possible to appoint a Dental Auxiliary as no suitable surgery was available, pending the completion of the new clinic at Seven Trees where twin dental surgeries are being provided. All the schools were visited by the dental officers during the year and all children in attendance at the time of their visits inspected. At the request of the private dentists, the form of notification to parents that dental treatment is required was amended to give equal prominence to the fact that free dental treatment for a school child can be obtained either at a school dental clinic or from a private dentist accepting patients under the National Health Service Scheme. The form of consent for treatment was also amended so that parents can consent to treatment either at a school dental clinic or by a private dentist. A list of private dentists is given on the back of the form and where parents consent to treatment by a private dentist they are asked to give his name but told to arrange their appointments directly with the dentist. In these cases the forms are sent to the dentists named through the Local Executive Council and the dentists are asked to return them in three month's time indicating on them whether or not treatment has been given.

The erection of the new Community Mental Health Centre in the grounds of Seven Trees continued during 1962 and the child guidance clinic was transferred there in February, 1963. The whole building was named "The Plymouth Nuffield Clinic" and was formally opened by the Minister of Health on 26th April, 1963. The child guidance clinic now has ample and excellent accommodation in its own separate suite of rooms in the building.

At the time of writing this report the conversion of the old Seven Trees building into a new school health and dental clinic is proceeding and should be completed before the end of 1963. The new maternity and child welfare clinic has already been added to the old Seven Trees building and is now in use.

Staff The number of staff employed on School Health Service duties during 1962, in terms of whole-time officers, was approximately the same as in 1961.

At the end of 1962 the numbers in the various sections were as follows:—

MEDICAL, ETC.					
Medical Officers	...	...	...	...	4.10
School Nurses	...	...	...	...	10.70
Speech Therapists	...	...	...	...	1.00
DENTAL					
Dental Officers	...	...	...	...	4.74
Dental Surgery Assistants	...	...	...	...	4.74
CHILD GUIDANCE					
Psychiatrists	...	...	...	...	0.90
Educational Psychologists	...	...	...	...	0.50
Psychiatric Social Workers	...	...	...	...	2.00

There were no changes among the medical officers during the year but Dr. D. M. Howells resigned on the 31st December, 1962, after five years' service with the authority.

Five of the eleven school nurses resigned during the year and four were appointed. In addition, two of the school nurses left in September to take a health visitor's course, and at the same time five of the health visitors commenced carrying out school nursing duties in the infants' schools in their areas, as well as their health visiting duties. The total time spent by all the health visitors was equivalent approximately to the half time of one school nurse but it marked the start of the second stage of combining the health visiting and school nursing services, the first being the transfer to the Superintendent Health Visitor of the supervision of the school nursing service in October, 1960, when the Superintendent School Nurse retired. It is intended to give more health visitors some school nursing duties in the primary schools in their areas during 1963 when it is expected that the total time they will give will be equivalent to that of two whole-time school nurses. As more health visitors become available more school nursing duties in the schools will be allocated to them and the number of school nurses reduced but some school nurses will still be required for work in the school clinics and for other duties not needing the knowledge of a health visitor even when all the health visitors have some school nursing duties.

A speech therapist, Miss K. J. Nixon, was appointed on the 1st February, 1962, to fill the vacancy in the establishment of two

speech therapists, but Miss H. M. M. Wilcocks resigned on the 21st July, 1962, creating a vacancy again and this had not been filled by the end of the year.

One of the four whole-time dental officers, Mr. W. G. Huntly, resigned on the 31st July, 1962, and because of lack of applicants was not able to be replaced until the end of November, 1962, when Mr. G. C. Armitage was appointed, and one of the dental surgery assistants resigned at the end of September and was not replaced until the end of the year. It was not possible to fill the vacancy for a dental auxiliary during the year as a suitable dental surgery was not available pending the completion of the new clinic which will have twin surgeries and enable a dental auxiliary to work under the direct supervision of a dental officer.

Medical Inspection The detailed statistical tables relating to medical inspection are given at the end of this report.

1. PERIODIC MEDICAL INSPECTION

A. The numbers of children inspected in the age groups were as follows:—

NUMBER OF PERIODIC MEDICAL INSPECTIONS, 1962			
1. Entrants (1958 to 1953 age groups)	...	...	3,097
2. Intermediates (1952 to 1949 age groups)	...	...	2,828
3. Leavers (1948 and earlier age groups)	...	...	3,127
TOTAL			9,052

The total of 9,052 compares with 9,902 in 1961 and 9,823 in 1960.

B. *Number of CHILDREN requiring treatment.*

The actual numbers, and numbers per 1,000 children inspected, who were found at the periodic medical inspections to require treatment, including those already under treatment, are given for each age group in the following table:—

NUMBER OF CHILDREN FOUND AT PERIODIC MEDICAL INSPECTIONS, 1962
TO REQUIRE TREATMENT (including those already under treatment)

	Number inspected	(i) <i>Requiring treatment for defective vision (excluding squint)</i>		(ii) <i>Requiring treatment for all other defects</i>		(iii) <i>Total individual children requiring treatment</i>	
		Num- ber	per 1,000	Num- ber	per 1,000	Num- ber	per 1,000
1. Entrants	3,097	72	23.2	561	181.1	616	198.9
2. Intermediates	2,828	315	111.4	382	135.1	719	254.2
3. Leavers	3,127	488	156.1	445	142.3	835	267.0
TOTALS	9,052	875	96.7	1,388	153.3	2,170	239.7

The total of 96.7 per 1,000 children inspected who were found to require treatment for defective vision compares with 98.2 per 1,000 in 1961 and 95 per 1,000 in 1960.

The total of 153.3 per 1,000 children who were found to require treatment for all defects other than defective vision compares with 155.8 per 1,000 in 1961 and 150.0 per 1,000 in 1960.

C. *Number of DEFECTS requiring treatment or observation.*

The numbers of each defect requiring treatment, and of each defect requiring observation, are given in Table 2A at the end of this report.

The total numbers of certain of these defects per 1,000 children inspected, whether requiring treatment or observation, are given in the table overleaf for 1962 and the previous two years.

NUMBER OF CERTAIN DEFECTS PER 1,000 CHILDREN INSPECTED
WHETHER REQUIRING TREATMENT OR OBSERVATION

	1962	1961	1960
Skin	36.9	36.1	33.7
Vision	153.2	120.5	124.6
Squint	25.5	21.3	21.6
Otitis Media ...	10.3	11.4	14.8
Heart	11.8	8.3	13.6
Lungs	25.8	35.8	32.7
Hernia	2.6	2.2	5.4

It will be seen that in 1962 there was some increase over the previous two years in the total number of skin and visual defects noted and in squints, and a decrease in otitis media and lung defects.

D. Number of NEW DEFECTS requiring treatment. Replacement of routine inspections of intermediates by selective inspections.

The numbers of new defects found requiring treatment, divided into those which were under treatment at the time of the periodic inspection and those which were not, are given in Table 2c at the end of this report. The figures again show, as they have done each year for the last five years, since they were first kept in this form, that very few defects are being found at the routine inspection of intermediates which are not already known or under treatment.

The following report, recommending that the routine inspection of intermediates should be replaced by a system of selective inspection has been made for the Education Special Services Sub-Committee:—

MEDICAL INSPECTION

Present Arrangements.

At the present time, all children attending the authority's schools are given a minimum of three medical inspections during their school life, viz. as entrants at the age of 5 to 6 years, leavers at the age of 13-plus to 14-plus years and intermediates at the age of 9-plus to 10-plus years.

Children found at these routine medical inspections to have defects are re-inspected as often as necessary afterwards. In

addition, children are given special medical examinations at any age when the question of need for medical or special educational treatment arises, for such reasons as defective vision, defective hearing, other physical defects, poor intelligence, emotional maladjustment, etc., or when the question of fitness arises for such activities as swimming, boxing, employment after school hours, etc.

When the school health service was established over fifty years ago, gross defects in school children were common and the medical inspection of as many children as possible was necessary to discover these defects and get them treated. Since then, medical and social progress has made many defects rare and now approximately 80 per cent of the children inspected at school have no defects at all requiring treatment. As a result, the necessity for routine medical inspections of school children has been questioned.

There is a good case however, for the continuation of the routine inspection of all entrants, as only a minority receive any health check before starting school. The defects now requiring detection are the comparatively minor physical defects, and disorders of the intellect and emotions and this takes much more time. Consequently the number of entrants who can be examined in a session is less than when gross physical defects were being sought.

In only a few cases are leavers going to work in establishments where there is an industrial health service or where they will have adequate supervision of their health during the vulnerable years of early adolescence. There is, therefore, a case for a medical overhaul just before leaving school and for an opportunity for giving advice about any occupations which may be unsuitable in individual cases.

With regard to the intermediate examinations the position is different. I reported to you in 1959 that the school medical officers were finding very few of the children they inspected as intermediates to have defects which were not already known or under treatment. At that time, children were being given three routine intermediate inspections between their entrants and leavers inspections. You approved my recommendation that the three intermediate inspections should be reduced to one,

given at the age of 9-plus to 10-plus years. You also agreed that when the results of the reduction in intermediate inspections could be fully assessed the question of whether this one intermediate inspection should be continued, or be replaced by other arrangements, should be considered. The figures which I have kept since then show that there are still very few new defects being found at these intermediate inspections which are not already known or under treatment.

Proposals for the future.

In place of the routine intermediate inspections there is, therefore, a need for a screening process during the intermediate years to find the small number of children who do develop defects. This is what the Ministry of Education now recommends authorities to adopt and which it terms "selective inspection". The result should be to make better use of the medical officer's time.

Under a scheme of selective or non-routine inspection for intermediates, children at any intermediate age in the junior school are selected for medical inspection when there appear to be reasons why they should be inspected, instead of all children at one intermediate age, viz. 9-plus to 10-plus years, being inspected as a routine merely because they are at that age. The children selected would include the following:—

- (a) Children known to have defects. These may have been found at the entrants inspection, or at a special inspection, or be known from reports received from hospitals, family doctors, etc.
- (b) Children whose parents give information, in the questionnaire sent to them, which suggests that an inspection is necessary. A letter, including a questionnaire for the parents to complete and return, would be sent to all parents when their children enter the junior school at the age of 7 to 8 years. The questionnaire would ask for information about such things as attacks of tonsillitis, running ears, defective hearing, chest trouble, bed-wetting, difficulty with speech, unsatisfactory behaviour, difficulty at school, etc.
- (c) Children whose parents ask for them to be inspected for any reason, at any time.
- (d) Children whose teachers suggest that they should be in-

spected. Teachers who see children every day, in the classroom, during physical education lessons, and at play, and who often know a great deal about the children's home circumstances, are particularly likely to know which children should be selected at any time. They may suspect defects of vision or hearing, notice those with poor posture or other physical defects, those who lack normal energy or have frequent colds and coughs, etc., and will know the aggressive, the solitary and the backward children.

- (e) Children whom the school nurses similarly suggest for inspection, from their knowledge of them.

Administration of the New Arrangements.

The administration of the scheme would be on the following lines:—

The letters and questionnaires would be sent to the parents of all children during their first year in the junior school. The letters would describe the scheme and the method of selection of the children for inspection. The parents would be told that they could ask, at any time, for their children to be included in the list of children to be inspected at the next visit of the school medical officer to the school and they would be notified of the appointments made and invited to attend.

The letters and questionnaires would be sent to parents, and the replies collected, through the head teachers. The latter would have the opportunity when returning the replies to the school health service office of giving the names of the children they suggested be included for inspection and their comments on the parents' requests.

The replies to the questionnaires would be examined at the school health service office and lists made of the children selected for examination.

The medical record cards of the selected children would be sent to head teachers with details of the dates and times of the medical inspection and the head teachers asked to send out the invitations to the parents. This is the same procedure as at present and the only difference would be that the medical record cards would be those of the children selected instead of all the children in the 9-plus to 10-plus age group.

Authorities which already have the selective inspection scheme for intermediates in operation report most favourably about it. They say that more defects are found for the number of children examined, although more time is needed for each child, that defects are detected earlier and that more attention is able to be given to those children who require it. The majority of the head teachers where the selective scheme is in operation prefer it to the routine inspection and say that it causes less disruption of school routine as fewer children are taken out of class. The Ministry of Education states that the results are encouraging and that the scheme gives the school doctors more interest in the work. It has been found that the longer the scheme has been in operation the more enthusiastic both parents and teachers, as well as the school health service staff, have become about it.

Summary and Recommendation.

In my opinion a scheme of selective inspection of intermediates would be a considerable improvement on the present scheme of routine inspection and would result in a better medical service being given to those children needing more attention, and I strongly advise the Committee to adopt it. No additional cost would be involved.

E. Attendances of parents at periodic medical inspections.

The total percentage of parents attending for the periodic medical inspection of their children was 53.8 per cent in 1962, compared with 50.2 per cent in 1961 and 54.5 per cent in 1960, the percentage varying from 80.9 per cent for the medical inspection of Entrants to 17.5 per cent for Leavers, as follows:—

PARENTS PRESENT AT PERIODIC MEDICAL INSPECTIONS, 1962

			<i>Number of children inspected</i>	<i>Number of parents attending</i>	<i>Percentage of parents attending</i>
1. Entrants	...	...	3,097	2,507	80.9
2. Intermediates	...	...	2,828	1,820	64.3
3. Leavers	...	...	3,127	547	17.5
			<hr/>	<hr/>	<hr/>
	TOTALS	...	9,052	4,874	53.8
			<hr/>	<hr/>	<hr/>

F. Reports to family doctors after the final inspection before leaving school.

In 1962 reports were sent by the School Medical Officers to the family doctors only in cases where it was believed that the defects were unknown to the family doctors or the information given would be useful to them.

In 1962 reports were sent on fifty children, or 1.6 per cent of the Leavers inspected, compared with 6.0 per cent in 1961 and 7.8 per cent in 1960. The reports in 1962 dealt mainly with the advice given about employment after leaving school in the cases of handicapped children and children with defective colour vision. The family doctors are notified at the time when special educational treatment or referral to a Consultant is recommended, and the Consultant Paediatrician, Dr. Montgomery, kindly sends us copies of all reports he makes to family doctors on school children, so that there are not many cases in which reports to the family doctors are needed after the final inspection.

2. OTHER MEDICAL INSPECTIONS

(Special inspections and re-inspections)

The numbers of all other medical inspections carried out in addition to the periodic medical inspections are given under the various headings in the table overleaf. The majority of these other inspections were carried out at the school clinics.

The numbers of the various defects found at the special inspections to require treatment or require observation are given in Table 2B at the end of this report.

The total of 4,147 special inspections (new cases) compares with 4,495 in 1961 and 4,735 in 1960. The total of 3,570 re-inspections compares with 4,363 in 1961 and 4,306 in 1960.

NUMBER OF OTHER MEDICAL INSPECTIONS, 1962

	<i>Special</i>		
	<i>Inspections</i>	<i>Reinspections</i>	<i>Total</i>
1. Ordinary cases seen at school clinics and schools and children seen for ascertainment as handicapped pupils, excluding educationally subnormal, and all other special examinations, except as follows ...	2,727	2,453	5,180
2. For fitness for:—			
(a) Employment after school hours	480	—	480
(b) Entertainment licences ...	12	—	12
(c) Swimming instruction ...	137	—	137
(d) Boxing	329	—	329
3. For defective hearing:—			
(a) Audiometer sweep tests ...	81	—	81
(b) Full investigation	40	110	150
4. For fitness for entry to Teacher Training Colleges	105	—	105
5. For ascertainment as educationally subnormal pupils	115	146	261
6. At Day Open-Air School	—	359	359
7. At E.S.N. Special Schools	—	232	232
8. At Children's Homes	121	270	391
	<hr/>	<hr/>	<hr/>
TOTALS	4,147	3,570	7,717
	<hr/>	<hr/>	<hr/>

Candidates for Teacher Training Colleges, and Teachers.

The number of 105 candidates examined for fitness for entry to teacher training colleges compares with 114 in 1961 and 92 in 1960.

Only one teacher on entry to the teaching profession was examined in 1962, compared with 9 in 1961 and 7 in 1960.

Children absent from school for medical reasons.

REPORT OF DR. L. N. TRETHOWAN

School Medical Officer

The scheme referred to in the annual report for 1961, whereby a school medical officer is allocated one morning a week to consult with education welfare officers, and to act as a liaison medical officer between the Director of Education's welfare department and general medical practitioners, when children were absent from school because of medical or alleged medical reasons, was in operation throughout the year.

Much very helpful information has been obtained from these medical practitioners and welfare officers about the family backgrounds and circumstances of many children.

Medical practitioners have all been most co-operative and helpful. They have welcomed the opportunity to discuss the varying problems of their school-age patients and the question of their education.

Once having visited and spoken to a doctor in his surgery makes it very much easier to speak to him on the telephone about any other problems concerning school children, as and when they arise.

In many of the larger practices in the city the position has now been reached, where the school medical officer is warmly welcomed and greeted if he calls at the surgery at about the time the morning surgery is finishing, without having given any prior notice of his intention to do so. This enables him to discuss a particular problem with the practitioner mostly concerned, and to talk to him and his partners about any other matters they choose to raise. Many practitioners have expressed their appreciation of this method of "dropping in" and having discussions with them. It is thought that a great deal of good will and co-operation has now been established, and that many medical practitioners have a much better understanding of what facilities are available in the school health service and of what it is endeavouring to accomplish.

It is most fortunate that the morning allocated for this sort of liaison work coincides with a morning when the consultant paediatrician, Dr. J. N. Montgomery, holds one of his out-patients clinics at the South Devon and East Cornwall Hospital, Freedom Fields.

It often happens that the question of whether a child is fit to return to an ordinary school or to receive some other form of education depends on his opinion. He is always most willing to see the medical officer, to express his opinion and help in any way he can. Here again, he often has something he wants to say about some other child, which is much easier to talk than write about. In any case, it helps to "cut the corners" and to obviate otherwise necessary delays in getting things done.

It is considered that this scheme has so far proved to be very worthwhile, and if continued, cannot fail to further improve goodwill and co-operation, to the benefit of those children with whom the school health service is concerned and endeavouring to help.

School Premises During the year the premises of 95 schools were re-inspected by the school medical officers, viz. 59 primary schools, 33 secondary schools, and 3 special schools.

The Director of Education was informed of various defects found or improvements required in nine of the primary schools and seven of the secondary schools. These varied from need for re-decoration, general repairs, replacement of old washhand basins and flooring to inadequate heating, lighting or ventilation in some rooms.

Action was taken by the Director of Education to deal with the defects and effect improvements in most cases. In some cases schools were awaiting comprehensive schemes to bring them up to present-day standards and in other cases new schools were in course of erection or were awaiting erection which had been approved.

Handicapped Children The number of handicapped children newly assessed during 1962 as needing special educational treatment at special schools or in boarding homes was 113. This compares with 122 in 1961 and 113 in 1960. The following are the numbers newly assessed in each category:—

CHILDREN NEWLY ASSESSED OR NEEDING SPECIAL EDUCATIONAL TREATMENT
AT SPECIAL SCHOOLS OR IN BOARDING HOMES, 1962

1. Blind	...	...	...	...	...	1
2. Partially Sighted	...	...	...	...	...	1
3. Deaf	...	...	...	...	...	—
4. Partial Hearing	...	...	...	...	...	6
5. Physically Handicapped	...	...	...	...	...	15
6. Delicate	...	...	...	...	...	17
7. Maladjusted	...	...	...	...	...	22
8. Educationally Subnormal	...	...	...	...	...	51
9. Epileptic	...	...	...	...	...	—
10. Speech Defects	...	...	...	...	...	—
TOTAL						113

On or about 20th January, 1963, there were 510 handicapped children from the authority's area on the registers of maintained and non-maintained special schools and independent schools, or boarded in homes, compared with 470 in January 1962 and 458 in January, 1961.

The numbers in the various categories are as follows:—

NUMBER OF HANDICAPPED CHILDREN AT SPECIAL SCHOOLS, ETC.,
JANUARY, 1963

	<i>At Maintained Special Schools Day Pupils</i>	<i>At non- Maintained Special Schools Boarding Pupils</i>	<i>At Independent Schools</i>	<i>Boarded in Homes</i>	<i>Total</i>
1. Blind ...	—	3	—	—	3
2. Partially Sighted	—	7	—	—	7
3. Deaf ...	24	3	—	—	27
4. Partial Hearing	24	—	—	—	24
5. Physically Handicapped	60	5	20	—	85
6. Delicate ...	21	3	—	—	24
7. Maladjusted ...	—	4	25	8	37
8. Educationally Subnormal ...	281	14	5	—	300
9. Epileptic ...	—	2	—	—	2
10. Speech Defects	—	1	—	—	1
TOTALS ...	410	42	0	8	510

The 50 children at Independent Schools were placed as follows:

HANDICAPPED CHILDREN AT INDEPENDENT SCHOOLS, JANUARY, 1963

<i>School</i>	<i>Number of of children</i>	<i>Handicap</i>
1. Unlawater House, Newnham-on-Severn, Glos.	2	Maladjusted
2. The Stella Marie Convent, Lakenham, Northam, N. Devon ...	1	Maladjusted
3. Pitt House Senior School, Hr. Lincombe Road, Torquay, Devon	2	E.S.N. (and maladjusted)
4. Childscourt Special Boarding School, Lattiford House, Wincanton, Somerset	4	Maladjusted
5. Philpots Manor School, West Hoathly, Sussex	1	Maladjusted
6. St. Christopher's School, Kenwith Lodge, Westbury Park, Bristol, 6	1	E.S.N.
7. The Marist Convent School, Paignton, Devon	1	Maladjusted
8. The New School, King's Langley, Herts.	1	Maladjusted
9. Salmon's Cross School, Holmbury St. Mary, Surrey	1	Maladjusted
10. The Farmhill House School, Stroud, Glos.	1	E.S.N. (and maladjusted)
11. The Salesian School, Blaisdon Hall, Longhope, Glos.	2	Maladjusted
12. Heathercombe Brake School, Manaton, Newton Abbot, Devon	4	Physically Handicapped
13. The Royal Alexandra and Albert School, Gatton Park, Reigate, Surrey ...	2	Maladjusted
14. Pitt House Junior School, Rocklands, Chudleigh, Devon ...	1	E.S.N.
15. St. Hilliard's School, Mickleton, Campden, Glos.	10	Maladjusted
16. Plymouth School for Spastic Children, Trengeath, Hartley, Plymouth Devon	16	Physically Handicapped (Spastics)
	—	
	50	

The 8 children “Boarded in Homes” were placed as follows:—

HANDICAPPED CHILDREN BOARDED IN HOMES, JANUARY, 1963

<i>Boarding Home</i>					<i>Number of children</i>	<i>Handicap</i>
1.	Hillaway Homes, Hapstead,					
	Buckfastleigh, Devon				1	Maladjusted
2.	Mountstephen House Hostel,					
	Uffculme, Cullompton, Devon ...				4	Maladjusted
3.	Pittsburgh House Boarding Home,					
	Lightwood, Longton, Staffs.				1	Maladjusted
4.	Crichel Hostel, Totnes, Devon				1	Maladjusted
5.	Horsington House, Horsington,					
	Somerset				1	Maladjusted

Education Act, 1944, Section 56 (Education otherwise than at school).

On or about 20th January, 1963, there were 21 handicapped children, all physically handicapped, being educated under arrangements made by the Authority in accordance with Section 56 of the Education Act, 1944, viz. 11 in hospitals and 10 at home.

Children unsuitable for education at school.

During 1962, fourteen children were recorded as unsuitable for education at school, in accordance with Section 57 (4) of the Education Act, 1944, as amended by the Mental Health Act, 1959.

REPORT OF DR. L. N. TRETHOWAN

School Medical Officer

**Defective
Hearing –
Audiology Clinic**

Particular attention continued to be paid during 1962 to the problems of children with defective hearing, the arrangements for ascertaining such children being the same as have been described in previous annual reports.

Of the children who were referred for detailed assessment of their hearing ability during the year, forty-four were found to have a sufficient loss of hearing to warrant their being kept under special observation.

A register of such children has been kept personally by me since the beginning of 1958 and it is constantly used, reviewed, and kept up-to-date. This ensures that no child who is known to be partially deaf and is due for re-examination is overlooked, or if for any reason an appointment has not been kept, that there is no undue delay before another appointment is made. When there are special reasons for seeing the child again without too much delay, arrangements are made for a school nursing sister to visit the parent at home to find out whether another appointment would be kept, and if it is necessary for it to be made on a particular day and at a time when it could be kept.

It has been found necessary to re-examine these children at fairly frequent intervals to be sure that they continue to sit in favourable positions in their classrooms, as for various reasons they often do not, that their educational progress is not being affected, and to assess whether their loss of hearing has improved, deteriorated or remained stationary. In cases where it has deteriorated, and there appears to be a good reason for expediting the admission to hospital of a child awaiting operative treatment, the consultant otologist has invariably agreed when this has been requested.

It is thought that there are now a sufficiently large number of children in the city attending ordinary schools and who are, or should be, wearing hearing aids to justify the appointment of a Peripatetic Teacher of the Deaf to assist them, and it is to be hoped that such an appointment will be made in the near future.

Audiology Clinic.

The Audiology Clinic continued to be held fortnightly on Saturday mornings throughout the year. These clinics with a few specially arranged ones when there was a question of urgency or a parent was unable to attend on a Saturday morning, were sufficient to enable all the children referred from various sources, to be seen without any undue delay.

The teachers of the deaf who have been giving home tuition and parent guidance have preferred to do this in the child's home, rather than at the clinic as was done in the past. They have found it better to try to get the whole family interested and taking a hand in helping the child, rather than as was usual, only its mother.

Of the thirty-four new cases seen at the clinic throughout the year, six were referred from other authorities. Twenty-eight were below school age, and of these, eighteen were referred because of delayed speech. Deafness was excluded as the cause in fourteen of them and five were referred to the Speech Therapist. All these children will be followed up until it is established that their speech is developing normally, which in fact, has already happened with two of them. One of these young children was of interest – he was referred because he was saying less when he was a year old than he had been when he was eleven months old and it was thought that having had mumps might have caused him to become deaf. It seemed likely, however, that he had stopped speaking because of becoming emotionally upset by being admitted to hospital, and separated from his mother for another reason soon after he had had mumps.

Deafness was considered to be the cause of the delayed speech in the remaining four children. Two were under 2 years old, and were provided with individual hearing aids and arrangements were made to provide regular home training and parent guidance. One was just 2 years old and he was provided with a hearing aid and enrolled at the authority's school for the deaf. One, who was an only child, was thought to be partially deaf and was provided with a hearing aid and admitted to an ordinary nursery class, where it was thought likely that he would do better in the company of normally speaking children rather than in a nursery class with severely deaf non-speaking children.

Three children were referred because they had marked speech defects. Deafness was excluded as the cause in all three of these children. They were all referred to the Speech Therapist.

Seven babies who were known to be “at risk” and were thought to be deaf were referred by Health Visitors, Consultant E.N.T. Surgeons or Paediatrician. Deafness of a degree sufficient to prevent the normal development of speech was excluded in four of these babies, and was thought to be present, and of that degree, in three of them. For these three, home tuition and parent guidance was instituted. Fortunately we were subsequently proved to be wrong in the case of one of these babies as deafness of any consequence has now been excluded and his speech is beginning to develop normally.

Co-operation between the clinic, the consultant otologists and the Headmaster and staff of the authority’s special school has continued to be excellent.

Cleanliness Inspections and Other Work of the School Nurses	There was a considerable increase during 1962 in the number of individual children found infested. The total was 774 children and this was 2.4 per cent of the children on the registers of the Authority’s schools at the beginning of the year. This percentage compares with 1.1 per cent in both 1961 and 1960.
--	---

There were indications at the end of 1961 that the numbers of infested children being found were starting to increase but there seemed to be no very obvious reasons why they should. The only alteration which had occurred in the last three months of 1961 was in the personnel of the school nursing service and during this period seven of the eleven school nurses were replaced by nurses new to the service. During 1962 there were more replacements of nurses and at the end of the year there were only two school nurses still in the service who were in it at the beginning of 1961. In the absence of any other known reason it would seem that the increase in the number of children found infested might at least in part be due to better ascertainment by the new nurses who possibly made more thorough inspections and/or had higher standards for cleanliness.

The figures relating to cleanliness inspections during 1962 are as follows:—

CLEANLINESS INSPECTIONS, 1962

	<i>Number of children on registers at beginning of year</i>	<i>Number of individual examinations of children</i>	<i>Number of individual children found infested</i>	<i>% of individual children on registers found infested</i>
Primary Schools ...	18,894	140,533	585	3.1
Secondary Schools	12,967	49,277	188	1.4
Special Schools ...	402	3,972	1	0.2
TOTALS ...	32,263	193,782	774	2.4

It will be seen that the percentage of children found infested in the primary schools was more than twice as great as that of children in secondary schools. The percentage found infested in the various primary and secondary schools differed considerably however, as follows:—

INFESTATION IN SCHOOLS, 1962

	<i>Primary Schools</i>	<i>Secondary Schools</i>	<i>Total No. of schools</i>
No infestation	23	20	43
Less than 5% of children infested	37	9	46
5% to 10% of children infested	3	5	8
Over 10% of children infested	8	—	8
	71	34	105

Of the sixteen schools, eleven primary and five secondary, in which 5 per cent or more of the children on the registers were found infested during the year, six of the schools were in one area of the city and in these six schools 325 individual children were found infested during the year. In the other ten schools with 5 per cent or more infested 231 individual children were found infested. The remaining 218 children found infested, out of the total of 774, were found in forty-six schools. In forty-three schools no children were found infested.

Every effort was made to try to eradicate the infestation wherever it was found, and the measures included notices to the parents requesting cleansing, the exclusion of verminous children, until clean, following up at the homes of the children by the nurses, inspection of the homes by the public health inspectors in cases of repeated infestation, the offering of cleansing to all members of the families of seriously infested children and the supply of medicated hair emulsion and sacker combs.

In spite of all efforts some children were found to be re-infested when next inspected by the nurses and offers of cleansing to the other members of the family were refused. In these families the only answer to the problem appears to be the taking of the children into the care of the local authority because they are neglected. In most of the cases the parents are quite willing for the school health service staff to cleanse their children each time they become infested, but will do nothing themselves to either cleanse them or prevent their becoming re-infested.

Screening tests of vision and hearing.

The annual screening testing of vision of all children and the “forced whisper” screening tests of hearing of those due for the periodic medical inspection were continued by the nurses and the numbers tested were as follows:—

					<i>Number of children tested by the nurses</i>	<i>Number of children referred to School Medical Officers</i>
(1) VISION TESTS						
Primary Schools	...	...	...	...	17,829	318
Secondary Schools	...	...	...	...	9,935	228
Special Schools	...	...	...	...	480	3
					<hr/>	<hr/>
					28,244	549
					<hr/>	<hr/>
(2) HEARING TESTS						
Primary Schools	...	...	...	...	7,138	10
Secondary Schools	...	...	...	...	2,745	9
Special Schools	...	...	...	...	392	—
					<hr/>	<hr/>
				TOTALS	...	10,275
					<hr/>	<hr/>
					19	

REPORT OF MISS M. HORNBY, *Superintendent Health Visitor*

The school health nursing staff was much depleted during the year. Two sisters were seconded for health visitors training, two returned to the hospital service, and three married women resigned for domestic reasons. We therefore ended the year with only eight whole-time school nursing sisters, and five health visitors doing combined work. The autumn term was a difficult one.

Maker Camp had the usual services of a whole-time nursing sister for three months.

During the year the sisters made:—

1,707 Home Visits
193,782 Cleanliness inspections at schools
2,233 Visits to schools

They attended:—

1,277 Minor ailment sessions
91 Ultra violet light sessions

In addition, they made 28,244 vision tests and 10,275 hearing tests, and also gave 35,119 treatments for minor ailments at school clinics and at Maker Camp.

**Medical
Treatment**

The school clinic arrangements at the time of writing this report are as follows:—

SCHOOL CLINIC ARRANGEMENTS				
<i>Clinic</i>	<i>Medical Officers' Clinics</i>	<i>Nurses' Minor Ailment Treatment Clinics</i>	<i>Ultra Violet Light Clinic by appointment</i>	<i>Speech Therapy Clinics by appointment</i>
1. Rowe Street Clinic	Monday 2 p.m. Wednesday 2 p.m. Audiology Clinic on alternate Saturday mornings 9.30 a.m. by appointment	Monday to Friday 3.30 p.m.	Monday 9 a.m. Thursday 9 a.m.	Monday 9 a.m. Tuesday 2 p.m. Thursday 4 p.m.
2. Stonehouse Clinic, Peel Street, Stonehouse	Friday 2 p.m.	Tuesday 3.30 p.m. Friday 3.30 p.m.	—	—

<i>Clinics</i>	<i>Medical Officers' Clinics</i>	<i>Nurses' Minor Ailment Treatment Clinics</i>	<i>Ultra Violet Light Clinic by appointment</i>	<i>Speech Therapy Clinics by appointment</i>
3. Devonport Clinic, Outram Villa, Albert Road, Devonport	Tuesday 2 p.m.	Tuesday 3.30 p.m. Friday 3.30 p.m.	—	Wednesday 2 p.m.
4. North Prospect Clinic, North Prospect School, Swilly	Wednesday 2 p.m.	Monday to Friday 3.30 p.m.	—	Friday 2 p.m.
5. St. Budeaux Clinic, Stirling Road, St. Budeaux	Thursday 2 p.m.	Monday 3.30 p.m. Thursday 3.30 p.m.	—	Friday 9 a.m.
6. Honicknowle Clinic, Montacute Avenue Honicknowle	Tuesday 2 p.m.	Tuesday 3.30 p.m. Friday 3.30 p.m.	—	—
7. Efford Clinic, 121 Efford Road	Tuesday 3.30 p.m.	Tuesday 3.30 p.m. Thursday 3.30 p.m.	—	Monday 4 p.m. Thursday 9 a.m.
8. Child Guidance Clinic, Children's Department, Plymouth Nuffield Clinic, Seven Trees, Baring Street	Children are seen by appointment. The psychiatrists attend Monday 2 p.m.; Tuesday 2 p.m.; Wednesday 2 p.m.; Thursday 9 a.m. and 2 p.m.; Friday 2 p.m. The clinic is open whole time.			

The Rowe Street Clinic and the Child Guidance Clinic are open throughout the year but the other clinics are closed during school holidays, apart from specially arranged appointments.

Cases treated at School Clinics and elsewhere.

The total numbers of cases treated by the school health service staff and known to have been treated elsewhere are given for the various defects in Table 3 at the end of this report.

TABLE 3A. EYE DISEASES, DEFECTIVE VISION AND SQUINT

The total of 538 cases of external diseases of the eye given in Table 3A compares with 632 in 1961 and 701 in 1960. Of the 538 cases in 1962, 290 were seen at the school clinics, compared with 236 in 1961 and 279 in 1960. The other cases were seen at the Plymouth Royal Eye Infirmary.

It was not possible to obtain figures of the numbers of cases dealt with for errors of refraction by opticians under the Supplementary Ophthalmic Services scheme in 1962 and the total of 1,657 given in Table 3A is that of the number dealt with at the Plymouth Royal Eye Infirmary. This compares with 1,539 in 1961 and 1,613 in 1960, dealt with at the Eye Infirmary. The school medical officers referred 447 of the cases to the Eye Infirmary in 1962, compared with 474 in 1961 and 402 in 1960.

All the 1,266 children who were prescribed glasses were seen at the Eye Infirmary. The figure compares with 1,221 in 1961 and 1,171 in 1960.

The post for the additional whole-time Ophthalmologist at the Eye Infirmary remained unfilled during 1962 and the waiting time before new cases referred for refraction were seen there remained at about three months throughout the year, but no complaints were received from parents about this.

TABLE 3B. DISEASES AND DEFECTS OF THE EAR, NOSE AND THROAT

The school medical officers referred 57 children to the Consultant Ear, Nose and Throat Surgeon in 1962, compared with 87 in 1961 and 85 in 1960.

No figures could be obtained from the hospitals of the number of cases which received operative treatment in 1962, but all the 164 which received other forms of treatment were treated at the school clinics. The figure compares with 141 in 1961 and 250 in 1960.

Five children were known to have been provided with hearing aids in 1962, compared with 8 in 1961 and 13 in 1960.

TABLE 3C. ORTHOPAEDIC AND POSTURAL DEFECTS

A total of 13 children was referred by the school medical officers to the Consultant Orthopaedic Surgeons, compared with 25 in 1961 and 34 in 1960.

No figures could be obtained from the hospitals of the numbers of cases treated at hospital clinics but the 59 children treated at school for postural defects compare with 64 in 1961 and 46 in 1960.

TABLE 3D. DISEASES OF THE SKIN (excluding uncleanliness)

The school medical officers referred 38 children to the Consultant Dermatologist, compared with 23 in 1961 and 14 in 1960.

All the 949 cases of diseases of the skin were treated at the school clinics and the total compares with 667 in 1961 and 575 in 1960.

The 18 cases of scabies treated compares with 16 in 1961 and 14 in 1960, and the 25 cases of impetigo, with 24 in 1961 and 14 in 1960. The 892 other skin diseases treated compare with 615 in 1961 and 544 in 1960.

PLANTAR WARTS

One of the school medical officers, Dr. T. A. Lloyd-James, attended at the Dermatological Department of the South Devon and East Cornwall Hospital during the year on several occasions and was given instruction by the Consultant Dermatologist in the use of the electric cautery for the treatment of plantar warts. Following this, an electric cautery was obtained for use by the school health service, and the treatment of plantar warts with the electric cautery was commenced by Dr. Lloyd-James at the Peel Street School Clinic on his usual weekly clinic session there, during the autumn.

OTHER DEFECTS

The 4,755 cases of minor ailments given in Table 3G were all treated at the school clinics and the figure compares with 4,948 in 1961 and 7,674 in 1960. The 50 cases given Ultra Violet Light were also treated at the school clinics and compare with 74 in 1961 and 102 in 1960.

The number of children referred by the school medical officers to the Consultant Paediatrician was 16 in 1962, compared with 13 in 1961 and 14 in 1960, and to the Consultant General Surgeons, 19 in 1962, compared with 16 in 1961 and 18 in 1960.

Two children with asthma were referred to the Hospital Physiotherapy Department in 1962 compared with 10 in 1961 and 9 in 1960.

REPORT OF DR. F. PILKINGTON, *Consultant Psychiatrist & Physician*
Superintendent of Moorhaven Hospital, Ivybridge, South Devon

Child Guidance Clinic The facilities of the Child Guidance Clinic, Catherine Street, Plymouth, have continued to be available for the investigation and treatment of mental health problems occurring in children up to 16 years of age. By the time this report appears in print, however, the Catherine Street premises will have been closed and the work transferred to the Children's Department of the Nuffield Clinic where it will come under the general supervision of the Nuffield Medical Director. Dr. Gilroy will continue to be closely associated with the work in all its aspects. His painstaking and highly successful efforts in the present cramped quarters have laid the foundations of Child Psychiatry in Plymouth and will not be forgotten.

His final report follows:—

“The figures for the year are given in Tables 1, 2 and 3. As usual the reasons for referral are as given by the referring agents and it will be noted once again that some disorder of behaviour is the most frequent cause for referral.

TABLE 1				TABLE 2			
<i>Sources of Referral</i>				<i>Reasons for Referral</i>			
	1962	1960			1962	1960	
Family doctors ...	93	90		Behaviour disorders ...	137	127	
School Medical Officers ...	68	67		Anxiety (various			
Juvenile Court and				manifestations) ...	28	38	
Probation Officers ...	52	29		Enuresis ...	19	25	
Other Consultants ...	49	22		Educational Problems ...	17	20	
Head Teachers ...	16	18		Delinquency ...	44	26	
Children's Officers ...	8	10		Encopresis ...	10	2	
Director of Education ...	1	6		Truanting ...	3	7	
Parents ...	9	16		Hysteria ...	6	4	
M. & C. W. Dept. ...	1	1		Subnormality ...	1	2	
Miscellaneous ...	9	1		Miscellaneous ...	41	9	
TOTAL ...	306	260		TOTAL ...	306	260	

TABLE 3

	<i>At</i> <i>31.12.62</i>	<i>At</i> <i>31.12.61</i>	<i>At</i> <i>31.12.58</i>	<i>At</i> <i>31.12.56</i>
(a) On treatment waiting list	30	32	23	36
(b) On Diagnostic waiting list	25	41	49	38
	<i>Year</i> <i>1962</i>	<i>Year</i> <i>1961</i>	<i>Year</i> <i>1958</i>	<i>Year</i> <i>1956</i>
(c) New Referrals	306	282	250	267
(d) Cases given full clinical investigation	219	215	154	226
(e) Individual treatment interviews	1,125	1,158	887	1,176
(f) Clinic interviews by Psychologist	236	238	290	396
(g) Visits by Psychiatric Social Workers	174	140	143	74
(h) Cases closed	127	98	64	108
(i) Cases undergoing Social Supervision	95	85	90	75

Dr. Pilkington has reported elsewhere the changes during the year in hospital staff. As the medical sessions are entirely provided by the hospital staff, the same changes apply to the Child Guidance Clinic medical staff.

During most of the year ten weekly medical sessions were provided but, as has been the case for four years, only two per week of these were consultant sessions until Dr. Weeks was appointed Consultant Psychiatrist in the autumn. The number of consultant sessions now stands at four but, in my opinion, a whole-time consultant in child psychiatry is required to cover adequately the needs of the child population in the area served by our clinic.

Regular clinical conferences with the doctors and health visitors of the Health Departments of Devon County and Plymouth have been held throughout the year."

REPORT OF MISS KATHLEEN J. NIXON, *Speech Therapist*

Speech Therapy –

Staff. — —

The speech therapy service, when fully-staffed, has two whole-time speech therapists, who share equally between them the responsibility of treating all children of school age in the city, who are considered by the medical officers to be in need of speech therapy. During part of the period covered by this report, the service was staffed by only one whole-time speech therapist. During the month of January, 1962, Miss Wilcocks was single-handed, from February until July Miss Wilcocks and Miss Nixon shared the work and from July to December the service was again staffed by one therapist, Miss Nixon.

Treatment.

The total number of children treated during the year was 388 and of these, 28 were stammerers, 6 had cleft palate speech, 3 were partially deaf and partially cerebral-palsied, 2 were partially cerebral palsied and 5 were alalic. The remainder were treated for dyslalia, in varying degrees of severity.

The number of children discharged during the year was 103 and on the 1st January, 1963, there were 88 names on the waiting list.

Clinics.

During the period February to July, speech therapy sessions were held as follows:—

				<i>sessions</i>
Rowe Street Clinic	...	...	...	6
Honicknowle Clinic	...	...	...	2
Ernesettle Primary School	...	...	...	1
North Prospect Clinic	...	...	...	3
Mount Tamar Special (E.S.N.) School	...	...	...	2
Highfield Primary School	...	...	...	1
Efford Clinic	...	...	...	1½
Albert Road Clinic	...	...	...	2
Hartley House School for the Deaf	...	...	...	½
St. Budeaux Clinic	...	...	...	1

When Miss Wilcocks left in July there was some re-arrangement and for the remainder of the year sessions were arranged as follows:

				<i>sessions</i>
Rowe Street Clinic	...	...	...	2½
North Prospect Clinic	...	...	...	1
Mount Tamar Special (E.S.N.) School	...	...	...	1
Highfield Primary School	...	...	...	1
Efford Clinic	...	...	...	1
Albert Road Clinic	...	...	...	1
Morice Town School	...	...	...	1
Hartley House School for the Deaf	...	...	...	½
St. Budeaux Clinic	...	...	...	1

The head teachers of Barne Barton Primary School, Bull Point Primary, Whitleigh Primary and Austin Farm Primary Infants, all expressed a wish to have a speech therapist visit their schools to treat children on the premises and the headmistress of Mount Tamar School felt that one speech therapy session per week was inadequate and I am in agreement but am unable to visit the schools more often.

Certain areas of the city are able to be more adequately served by a speech therapist than others. The Rowe Street Clinic is the only one in which there is a room reserved solely for the use of the speech therapist and many of the schools are unable to provide suitable accommodation.

School visits.

In May and June, 1962, Miss Wilcocks visited some of the schools in the city to ascertain the number of children in need of speech therapy. These were children who had not been referred for treatment by the medical officers, but about whom the head teachers were concerned.

The following schools were visited:—

The Chaucer Primary	...	...	...	7.5.62
Plym View Infants & J.M.	...	...	...	8.5.62
Prince Rock Primary	...	...	...	11.5.62
Barne Barton Primary	...	...	...	12.5.62
Compton Primary	...	...	...	16.5.62
Holy Cross Primary	...	...	...	18.5.62
Pennycross Primary	...	...	...	21.5.62
Oxford Street Primary	...	...	...	24.5.62
Whitleigh Primary	...	...	...	1.6.62

Sixty-six children were found to be in need of treatment. Five of these refused speech therapy. The remainder were seen by the medical officers, who considered that 4 of them were not in need of treatment. The others were put on the waiting list and most of them are receiving treatment. Five have had treatment and been discharged.

Equipment

No large items of clinical equipment were obtained during the year but some small books and toys were.

Records

All records and case histories concerning children receiving speech therapy are kept in the speech therapy room at the Rowe Street Clinic.

REPORT OF MR. R. M. MAYNARD

Principal School Dental Officer

Dental Inspection and Treatment

During the year three surgeries were kept working whole-time. The one at the Stonehouse Clinic was empty from August to November, and the Crownhill Clinic continued to be worked by part-timers. The effective strength in terms of whole-time dentists was 4.74. The Stonehouse Clinic moved to new premises in Peel Street giving Plymouth two new post-war clinics.

30,059 children were inspected at the city's schools during the year and 15,070 were found to require treatment. There was a rise in the number of fillings over the previous year, due to a greater number of fillings being undertaken in temporary teeth. The problem of decay in the temporary dentition is however a difficult one, for the rate of decay is so rapid that from the first appearance of decay on the enamel to the final reaching of the pulp it may be only six months, and it is, therefore, quite obvious that the annual inspection of the schools is inadequate if conservation of the temporary dentition is to be attempted as effectively as possible.

The total number of fillings inserted during the year was 10,702 and the total number of sessions worked was 1,733, giving a filling session ratio of 6.2. A total of 195 gas sessions were worked at which 2,365 patients attended, giving an average of 12 per session. Over the last ten years there has been a considerable fall in the number of teeth extracted, due to the increasing number of children who attend private dentists, so that the time lag between inspection and treatment in Plymouth is now short. Many dentists are leaving temporary teeth with dead pulps which are giving no trouble on the grounds that the periapical infection is of little significance compared with the damage done orthodontically by their removal.

In 1962 the Dental Committee of the Local Executive Council drew the attention of the City Council to the fact that they had time available to help with the dental treatment of the school children. At the subsequent meeting of the Education Special Services Sub-Committee the school dental service was discussed as a whole and it was decided to draw the attention of parents more forcibly to the facilities available under the general dental service.

To this end a slight redrafting was made of the form advising parents, after school inspections, that treatment is necessary, and in addition a list of the Plymouth General Practitioners was printed on the back of the form. Parents are asked to state on the consent forms the name of any general practitioner they wish their child to go to, and such forms are then sent to the Local Executive Council for distribution. This scheme started in October, 1962, and a rough indication, from returns up to 24th April, 1963, is given by the following figures:—

Total number of consent forms sent to private dentists – 3,931

Of this number, 1,346 forms have been returned, made up as follows:—

Dentally fit	...	...	...	...	...	621
Partial treatment		...	...	...	...	214
Missed appointment, not known, not treated				...	...	511

At the same meeting of the Special Services Sub-Committee some members were perturbed at the D.M.F. figures published in the National Press, especially for the five year olds. It was pointed out that at least 6 monthly inspections would be required to deal with this, and secondly that measures of prevention were of the greatest importance, indeed of greater importance than the actual treatment of established disease, especially in the case of this age group. The two important measures of prevention were dental education on diet and oral hygiene, and the fluoridation of the water supply.

At a meeting of the Health Committee later a decision on the fluoridation of the city's water supply was postponed, and although a circular letter was sent to the school teachers, drawing their attention to the recommendations of the Special Services Sub-Committee, we had a far smaller demand for dental posters, etc. in 1962 than in either of the two preceding years. The School Dental Service distributes pamphlets, as they become available, at school inspections and at present we are distributing the apple posters "Which", supplied free of charge by the Ministry of Health under the aegis of the General Dental Council.

Mass Radiography The number of reports on school leavers received from the Plymouth Mass Radiography Unit were as follows:—

MASS RADIOGRAPHY OF SCHOOL LEAVERS, 1962					
Children with satisfactory films	...	...	...	...	2,428
Children recalled and subsequently reported as satisfactory	...				13
Children on whom special reports were made	...	...	...		40
				TOTAL	2,481

The total compares with 2,662 in 1961 and 2,135 in 1960.

VACCINATION AND IMMUNISATION

1.—B.C.G. VACCINATION AGAINST TUBERCULOSIS

Children born in 1948 and earlier were dealt with during the year. The percentage of those accepting in the 1948 age group was 69.3%, compared with 65.0% (for the 1947 age group) in 1961 and 60.4% (for the 1946 age group) in 1960.

A total of 2,098 children were vaccinated compared with 2,160 in 1961 and 2,124 in 1960, but the total numbers eligible in the 1948 age group were smaller.

The percentage of primary positives on Mantoux testing was 5.6% for the 1948 age group, compared with 6.7% (for the 1947 age group) in 1961 and 7.1% (for the 1946 age group) in 1960. In 1954, when the scheme was started, the percentage was 20.7%.

The following are the figures for 1962:—

B.C.G. VACCINATION, 1962

Age Group	Number given Preliminary Mantoux Test	Mantoux Positive		Number Vaccinated with B.C.G.
		No.	%	
1948	2,023	114	5.6	1,909
1947	176	13	7.4	163
1946	10	—	—	10
1945	3	—	—	3
1944	1	—	—	1
Others	12	—	—	12
Totals	2,225	127	5.7	2,098

2.—IMMUNISATION AGAINST DIPHTHERIA

The complete figures are given in the Immunisation and Vaccination sections of the Medical Officer of Health's report and the following figures refer only to immunisation carried out at school clinics:—

DIPHTHERIA IMMUNISATION AT SCHOOL CLINICS, 1962

Number of school children completing full primary course	...	...	264
Number of school children given reinforcing doses	...	...	1,698

The number of 264 school children completing full primary courses at school clinics in 1962 compares with 463 in 1961 and 198 in 1960. The number of 1,698 reinforcing doses compares with 1,754 in 1961 and 1,603 in 1960.

3.—IMMUNISATION AGAINST TETANUS

IMMUNISATION AGAINST TETANUS AT SCHOOL CLINICS, 1962

Number of school children completing full primary course	...	...	1,834
Number of school children given reinforcing doses	...	...	219

The number of 1,834 school children completing full primary courses at school clinics in 1962 compares with 1,793 in 1961 and 577 in 1960. The number of 219 reinforcing doses compares with 128 in 1961 and 21 in 1960.

Infectious Diseases

The numbers of cases of notifiable infectious diseases in school children reported to the Medical Officer of Health in 1962 and the previous two years were as follows:

CASES OF NOTIFIABLE INFECTIOUS DISEASES IN SCHOOL CHILDREN

	1962	1961	1960
Diphtheria	—	—	—
Dysentery	146	25	107
Erysipelas	1	—	—
Food Poisoning	5	4	7
Measles	290	1,857	20
Meningococcal Infections	1	3	2
Poliomyelitis	—	1	8
Pneumonia	7	14	14
Scarlet Fever	30	51	134
Tuberculosis	10	32	17
Whooping Cough	23	91	69
Encephalitis	1	—	—
Paratyphoid	—	—	1

About a third of the cases of dysentery notified in 1962 occurred in children attending the infants and junior departments of one school and appropriate action was taken to endeavour to stop the spread of the infection. The remaining cases were in children attending a number of schools each with one to four cases notified.

The majority of the measles cases occurred in December, 1962 and were the start of the 1963 biennial outbreak, but the whooping cough cases were spread throughout the year and occurred in different schools. The scarlet fever cases were also spread throughout the year and occurred in different schools.

The winter peak of coughs and colds did not occur until the second week of March and was not very high, 1,462 children being absent from school on this account for more than one day in that week, compared with the peak week in 1961 when 2,756 children were absent and in 1960 when 1,496 were absent.

Maker Camp

The school camp was in use as usual during the summer term and summer vacation. During the term parties from 19 secondary modern schools and the school for E.S.N. boys were in residence, comprising a total of 2,426 children and 159 staff. During the first four weeks of the summer vacation parties from East Ham and West Ham Education Authorities, London, occupied the camp, with a total of 443 children and 53 staff. With other parties the combined total of children attending the camp was 2,922, compared with a total of 2,865 in 1961 and 2,810 in 1960.

The medical and nursing arrangements were the same as previously, with one of the school nurses in residence for the whole period the camp was occupied by the children, the nurses attending in turn for a week at a time.

Appreciation of the general condition of the camp, its facilities and the standard of catering was expressed by the camp leaders and official visitors.

Children's Homes

The medical supervision of the Children's Homes was continued unchanged. A total of 121 children was medically examined at the Homes as new admissions and 270 re-examinations of the children carried out during 1962.

The supervision of the Parklands Reception Home and its

Remand Wing was continued by Dr. T. Forrest, who reports as follows:—

“PARKLANDS. Medical arrangements remained the same as in 1961 and 4 routine and 65 special visits were made by a medical officer. The new admissions received a full medical examination. Three were referred to the Royal Eye Infirmary for defective vision and many required treatment for verminous heads.

Of the remanded girls examined, 19 were referred for psychiatric reports and 18 for special medical investigations. Six girls were admitted for hospital treatment. Three girls were pregnant.”

SHCOOLS MEALS AND MILK

Dinners

There was a further increase during the year in the number of children taking dinners at school. When the figures were taken on a day in the period 17th to 28th September, 1962, the percentage of children in attendance at school who were taking dinners at school was 37.0%. This compares with 32.9% on a similar date in 1961, 31.4% in 1960 and 28.3% in 1959. The daily average number of children taking dinners at school in December, 1962 was 11,363, compared with 10,196 in December, 1961.

The dinners were inspected by the medical officers at their visits to schools and the menus checked. The dinners were almost invariably reported as satisfactory, or “as satisfactory as container meals can ever be” in cases where they were cooked at central kitchens.

Dining accommodation, kitchens, etc.

The dining accommodation, kitchens and sculleries were also inspected by the medical officers and in general found to be satisfactory although there was still the problem of excessive condensation in some of the kitchens. Some of the dining halls were still being used as classrooms because of lack of accommodation.

School meals service staff

Towards the end of the year the arrangements for the medical examination of school meals service staff were reviewed and the following revised arrangements put into effect:—

1.—*New entrants and re-entrants.* Full medical examination and X-ray of chest, as previously, and before commencing duty as far as possible. Widal tests not required unless there are special indications in any particular case.

2.—*Existing staff.* (a) The annual routine medical examination to be discontinued. Under present-day conditions it is considered that the reference of individuals for special examination as detailed in sub-paragraph (c) below is more effective in preventing spread of infection to others or to food.

(b) In view of the continuing decline in the incidence of tuberculosis, X-ray examination of chest to be carried out at intervals of three years.

(c) Employees to be referred for special medical examination at any time if they complain of diarrhoea or looseness of the bowels, discharging ears or nose, sores or skin eruptions on the hands, arms or face, or sore throat, or feverishness, or have had recent contact with a case of dysentery, typhoid, or paratyphoid fever, or food poisoning, and to be excluded from any duty in connection with the preparation, cooking or handling of food until pronounced fit for duty.

Milk The overall percentage of children taking milk at school on the day the figures for dinners were taken was 84.4%. This compares with 82.8% in 1961 and 83.6% in 1960. In the special schools 96.1% of the children were taking milk; in the primary schools 94.5% and in the secondary schools 70.5%

STATISTICAL TABLES

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS
(INCLUDING NURSERY AND SPECIAL SCHOOLS)
TABLE 1A—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	No. of pupils Inspected	Physical Condition of Pupils Inspected			Pupils found to require treatment (excluding dental diseases and infestation with vermin)			
		Satisfactory		Unsatisfactory		For defective vision (excluding squint)	For any other condition recorded at Part II	Total individual pupils
		No.	% of Col. 2	No.	% of Col. 2			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1958 and later	32	32	100	—	—	1	10	10
1957	1,784	1,783	99.94	1	0.06	28	325	347
1956	1,010	1,009	99.90	1	0.10	22	175	192
1955	110	109	99.09	1	0.91	4	21	23
1954	92	92	100	—	—	7	21	26
1953	69	69	100	—	—	10	9	18
1952	2,654	2,654	100	—	—	289	362	677
1951	78	78	100	—	—	13	10	19
1950	53	53	100	—	—	9	3	12
1949	43	43	100	—	—	4	7	11
1948	2,773	2,773	100	—	—	421	393	734
1947 and earlier	354	354	100	—	—	67	52	101
TOTAL	9,052	9,049	99.97	3	0.03	875	1,388	2,170
...

TABLE 1B.—OTHER INSPECTIONS

Number of Special Inspections ...	...	4,147
Number of Reinspections ...	...	3,570
		<hr/>
TOTAL ...	...	7,717
		<hr/>

TABLE 1C.—INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons ...	...	193,782
(b) Total number of individual pupils found to be infested ...	...	774
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944) ...	...	Nil
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944) ...	...	Nil

TABLE 1D—SCREENING TESTS OF VISION AND HEARING

1.	(a)	Is the vision of entrants tested?	...	Yes
	(b)	If so, how soon after entry is this done?		During first or second term at school
2.		If the vision of entrants is not tested, at what age is the first vision test carried out?	... ..	—
3.		How frequently is vision testing repeated throughout a child's school life?	... ..	Annually
4.	(a)	Is colour vision testing undertaken?	...	Yes
	(b)	If so, at what age?	... ..	At 9 to 10 years and re-checked at 13 to 14 years
	(c)	Are both boys and girls tested?	...	Yes
5.		By whom is vision and colour testing carried out?	... ..	*School Medical Officer and School Nurses
6.	(a)	Is audiometric testing of entrants carried out?	... ..	Only by forced whisper test at 20 feet
	(b)	If so, how soon after entry is this done?		As 1 (b)
7.		If the hearing of entrants is not tested, at what age is the first audiometric test carried out?	... ..	—
8.		By whom is audiometric testing carried out?	... ..	*School Nurse

* The school nurses do all the preliminary vision and hearing tests and refer any children who appear to have defective vision and/or hearing to the School Medical Officers.

Only the School Medical Officers do the colour vision testing.

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

TABLE 2A - PERIODIC INSPECTIONS

Defect or Disease (2)	Periodic Inspections							
	Entrants		Leavers		Others		Total	
	(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
Skin	85	21	100	14	94	20	279	55
Eyes—								
(a) Vision	72	128	488	149	315	235	875	512
(b) Squint	80	16	55	7	64	9	199	32
(c) Other	29	5	14	28	53	20	96	53
Ears—								
(a) Hearing	4	107	6	32	8	36	18	175
(b) Otitis Media	26	19	17	8	8	15	51	42
(c) Other	9	4	11	6	8	9	28	19
Nose and Throat	115	90	32	29	41	67	188	186
Speech	47	74	4	3	13	18	64	95
Lymphatic Glands	1	15	—	—	2	12	3	27
Heart	4	44	4	18	1	36	9	98
Lungs	63	54	20	26	16	55	99	135
Developmental—								
(a) Hernia	10	9	1	1	2	1	13	11
(b) Other	2	48	15	9	12	43	29	100
Orthopaedic—								
(a) Posture	11	8	44	6	38	3	93	17
(b) Feet	40	19	5	3	29	16	74	38
(c) Other	21	26	35	26	21	16	77	68
Nervous System—								
(a) Epilepsy	15	2	8	1	10	6	33	9
(b) Other	1	6	2	2	1	5	4	13
Psychological—								
(a) Development	1	59	1	107	4	137	6	303
(b) Stability	9	42	11	7	21	29	41	78
Abdomen	13	21	12	4	16	17	41	42
Other	27	57	29	20	45	29	101	106

(T)=Requiring Treatment.

(O)=Requiring Observation.

TABLE 2B.—SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Pupils requiring Treatment (3)	Pupils requiring Observation (4)
4.	Skin	515	6
5.	Eyes—		
	(a) Vision	317	133
	(b) Squint	11	2
	(c) Other	142	3
6.	Ears—		
	(a) Hearing	12	19
	(b) Otitis Media	30	3
	(c) Other	47	1
7.	Nose and Throat	20	9
8.	Speech	95	13
9.	Lymphatic Glands	1	—
10.	Heart	—	1
11.	Lungs	7	4
12.	Developmental—		
	(a) Hernia	—	—
	(b) Other	—	—
13.	Orthopaedic—		
	(a) Posture	—	—
	(b) Feet	3	—
	(c) Other	35	5
14.	Nervous System—		
	(a) Epilepsy	1	—
	(b) Other	—	—
15.	Psychological—		
	(a) Development	4	2
	(b) Stability	24	16
16.	Abdomen	—	—
17.	Other	406	37

Defect Code No.	Defect or Disease	INFANTS			INTERMEDIATES			LEADERS		
		Total Defects Requiring Treatment	U.T.	Not U.T.	New Defects Only		Total Defects Requiring Treatment	New Defects Only		Total Defects Requiring Treatment
					U.T.	Not U.T.		U.T.	Not U.T.	
4	Skin ...	85	51	34	11	2	94	22	9	100
5	Eyes— (a) Vision (b) Squint (c) Other	72 80 29	47 52 13	25 28 16	26 2 9	32 — 14	315 64 53	52 1 —	18 — 1	488 55 14
6	Ears— (a) Hearing (b) Otitis Media (c) Other	4 26 9	1 13 7	3 13 2	— — —	— — 3	8 8 8	— 1 1	— — 2	6 17 11
7	Nose or Throat ...	115	84	31	9	—	41	5	1	32
8	Speech ...	47	19	28	—	1	13	—	—	4
9	Lymphatic Glands	1	1	—	1	—	2	—	—	—
10	Heart ...	4	4	—	—	—	1	—	—	—
11	Lungs ...	63	54	9	3	—	16	2	—	20
12	Developmental (a) Hernia (b) Other	10 2	6 1	4 1	— —	— —	2 12	— —	— —	1 15
13	Orthopaedic— (a) Posture (b) Feet (c) Other	11 40 21	5 24 15	6 16 6	1 1 4	10 — 1	38 29 21	— — 1	7 1 1	44 5 35
14	Nervous System— (a) Epilepsy (b) Other	15 1	15 1	— —	— —	— —	10 1	2 1	— —	8 2
15	Psychological— (a) Development (b) Stability	1 9	1 5	— 4	— 5	— 2	4 21 16	— — 2	— — 1	1 11 12
16	Abdomen ...	13	11	2	2	—	45	4	1	29
17	Other ...	27	12	15	5	6	—	4	1	—
	Total Defects ...	685	442	243	79	71	822	94	42	914

U.T.—Under Treatment.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE 3A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint	538
Errors of refraction (including squint)	1,657
TOTAL	2,195
Number of pupils for whom spectacles were prescribed	1,266

TABLE 3B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	<i>Number of cases known to have been dealt with</i>
Received operative treatment—	
(a) for diseases of the ear	—
(b) for adenoids and chronic tonsillitis	—
(c) for other nose and throat conditions	—
Received other forms of treatment	164
TOTAL	164
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1962	5
(b) in previous years	52

TABLE 3C.—ORTHOPAEDIC AND POSTURAL DEFECTS

	<i>Number of cases known to have been treated</i>
(a) Pupils treated at clinics or out-patients departments	—
(b) Pupils treated at school for postural defects ...	59
TOTAL	59

TABLE 3D.—DISEASES OF THE SKIN
(Excluding uncleanness, for which see Table 1c).

							<i>Number of cases known to have been treated</i>
Ringworm—							
(a) Scalp	...	...	...	...	...	...	—
(b) Body	...	...	...	...	...	...	14
Scabies	...	...	...	...	...	...	18
Impetigo	...	...	...	...	...	...	25
Other skin diseases		...	...	...	...	...	892
							<hr/>
						TOTAL ...	949

TABLE 3E.—CHILD GUIDANCE TREATMENT

				<i>Number of cases known to have been treated</i>
Pupils treated at Child Guidance Clinics	...	...	251	

TABLE 3F.—SPEECH THERAPY

				<i>Number of cases known to have been treated</i>
Pupils treated by speech therapists	...	...	...	388

TABLE 3G.—OTHER TREATMENT GIVEN

	<i>Number of cases known to have been dealt with</i>
(a) Pupils with minor ailments	4,755
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. Vaccination	2,098
(d) Other than (a), (b) and (c) above—	
Ultra Violet Light	50
	<hr/>
TOTAL	6,903
	<hr/>

TABLE 4.—DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY DURING THE YEAR ENDED 31ST DECEMBER, 1962

(a) Dental and Orthodontic work

1. Number of pupils inspected by the Authority's Dental Officers:

i. At Periodic Inspections	30,059	} Total 1	32,276
ii. As Specials	2,217		

2. Number found to require treatment ... 15,070

3. Number offered treatment ... 13,827

4. Number actually treated ... 5,131

(b) Dental work (other than orthodontics)

1. Number of attendances made by pupils for treatment, excluding those recorded at (c) i below ... 13,010

2. Half days devoted to:

i. Periodic (School) Inspection	261	} Total 2	1,994
ii. Treatment	1,733		

3. Fillings:

i. Permanent Teeth	9,474	} Total 3	10,702
ii. Temporary Teeth	1,228		

4. Number of Teeth Filled:

i. Permanent Teeth	8,126	} Total 4	9,256
ii. Temporary Teeth	1,130		

5. Extractions:

i. Permanent Teeth	1,411	} Total 5	5,764
ii. Temporary Teeth	4,353		

6. Administration of general anaesthetics for extraction ... 2,365

7. Number of pupils supplied with artificial teeth ... 46

8. Other operations:

i. Permanent Teeth	3,200	} Total 8	3,854
ii. Temporary Teeth	654		

(c) Orthodontics

i. Number of attendances made by pupils for orthodontic treatment	...	...	...	...	636
ii. Half days devoted to orthodontic treatment	...	...	...	...	—
iii. Cases commenced during the year	...	...	...	...	65
iv. Cases brought forward from the previous year	...	...	...	...	46
v. Cases completed during the year	...	...	...	...	57
vi. Cases discontinued during the year	...	...	...	...	6
vii. Number of pupils treated by means of appliances	...	...	...	...	75
viii. Number of removable appliances fitted	36
ix. Number of fixed appliances fitted	22

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